CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

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PRODUCER
Flood and Peterson
PO Box 578
Greeley CO 80632

CONTACT NAME: Allyson Ingram
PHONE (A/C, No, Ext): (970) 356-0123 **FAX (A/C, No):** (970) 330-1867
E-MAIL ADDRESS: AIngram@floodpeterson.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Philadelphia Insurance Companies	18667
INSURER B :	Philadelphia Indemnity Insurance..	18058
INSURER C :	Pinnacol Assurance	41190
INSURER D :	Coalition Insurance Company	
INSURER E :		
INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2625406-008	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
D	Cyber Liability			C4LRV107475-CYBER-2025-02	01/01/2025	01/01/2026	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Blue Peaks Developmental Services, Inc.
703 East 4th St
Alamosa CO 81101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allyson Ingram

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Flood and Peterson
PO Box 578
Greeley CO 80632

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INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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Colorado Office of Early Childhood is named as an additional insured with regards to the General Liability.

CERTIFICATE HOLDER

Colorado Office of Early Childhood Department of Human Services
1575 Sherman Street
Denver CO 80203

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Allyson Ingram

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PO Box 578
Greeley CO 80632

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INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
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CERTIFICATE HOLDER

Community Connections, Inc.
281 Sawyer Drive #200
Durango CO 81321

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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PO Box 578
Greeley CO 80632

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INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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CERTIFICATE HOLDER

Community Options
336 South 10th Street
Montrose CO 81402

CANCELLATION

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10135 W. 101st Dr.
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Developmental Disabilities Resource Center is included as Additional Insured with respect to General Liability.

CERTIFICATE HOLDER

Developmental Disabilities Resource Center
11177 W. 8th Ave. #300
Lakewood CO 80215

CANCELLATION

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A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Prof. Liability $1MM/$3MM [X] Sex Abuse $1MM/$1MM GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2625406-008	01/01/2025	01/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2625406-008	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
D	Cyber Liability			C4LRV107475-CYBER-2025-02	01/01/2025	01/01/2026	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Developmental Pathways
325 Inverness Drive South
Englewood CO 80112

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allyson Ingram

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

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Flood and Peterson
PO Box 578
Greeley CO 80632

CONTACT NAME: Allyson Ingram
PHONE (A/C, No, Ext): (970) 356-0123 FAX (A/C, No): (970) 330-1867
E-MAIL ADDRESS: AIngram@floodpeterson.com

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INSURER C :	Pinnacol Assurance	41190
INSURER D :	Coalition Insurance Company	
INSURER E :		
INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2625406-008	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
D	Cyber Liability			C4LRV107475-CYBER-2025-02	01/01/2025	01/01/2026	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Eastern Colorado Services for the Developmentally Disabled, Inc.
224 S. 2nd Street
P.O. Box 1682
Sterling CO 80751

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Allyson Ingram

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PO Box 578
Greeley CO 80632

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INSURER C :	Pinnacol Assurance	41190
INSURER D :	Coalition Insurance Company	
INSURER E :		
INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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CERTIFICATE HOLDER

Envision, Creative Support for People with Developmental Disabilities
1050 37th Street
Evans CO 80620

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Allyson Ingram

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PO Box 578
Greeley CO 80632

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INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2625406-008	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
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CERTIFICATE HOLDER

Foothills Gateway, Inc.
301 W. Skyway Drive
Fort Collins CO 80525

CANCELLATION

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INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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D	Cyber Liability			C4LRV107475-CYBER-2025-02	01/01/2025	01/01/2026	Limit	$1,000,000

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CERTIFICATE HOLDER

Horizons
405 Oak Street
Steamboat Springs CO 80477

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allyson Ingram

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

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PRODUCER
Flood and Peterson
PO Box 578
Greeley CO 80632

CONTACT NAME: Allyson Ingram
PHONE (A/C, No, Ext): (970) 356-0123 FAX (A/C, No): (970) 330-1867
E-MAIL ADDRESS: AIngram@floodpeterson.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Philadelphia Insurance Companies	18667
INSURER B :	Philadelphia Indemnity Insurance..	18058
INSURER C :	Pinnacol Assurance	41190
INSURER D :	Coalition Insurance Company	
INSURER E :		
INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2625406-008	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
D	Cyber Liability			C4LRV107475-CYBER-2025-02	01/01/2025	01/01/2026	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Imagine!
1400 Dixon Ave
Lafayette CO 80026

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Allyson Ingram

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PO Box 578
Greeley CO 80632

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INSURER D :	Coalition Insurance Company	
INSURER E :		
INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
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CERTIFICATE HOLDER

Inspiration Field
612 Adams Ave
La Junta CO 81050

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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PO Box 578
Greeley CO 80632

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INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
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CERTIFICATE HOLDER

Mountain Valley Developmental Services
700 Mt. Sopris Drive
Glenwood Springs CT 81601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allyson Ingram

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PO Box 578
Greeley CO 80632

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INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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CERTIFICATE HOLDER

North Metro Community Services
1001 W. 124th Ave
Denver CO 80234

CANCELLATION

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Cyber coverage includes Network and Information Security which covers the protected information

CERTIFICATE HOLDER

Rocky Mountain Human Services
9900 E. Iliff Ave
Denver CO 80231

CANCELLATION

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Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Prof. Liability $1MM/$3MM [X] Sex Abuse $1MM/$1MM GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2625406-008	01/01/2025	01/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			PHPK2625406-008	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4198406	01/01/2025	01/01/2026	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
D	Cyber Liability			C4LRV107475-CYBER-2025-02	01/01/2025	01/01/2026	Limit	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Starpoint
700 South 8th Street
Canon City CO 81212

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allyson Ingram

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Flood and Peterson
PO Box 578
Greeley CO 80632

CONTACT NAME: Allyson Ingram
PHONE (A/C, No, Ext): (970) 356-0123 FAX (A/C, No): (970) 330-1867
E-MAIL ADDRESS: AIngram@floodpeterson.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Philadelphia Insurance Companies	18667
INSURER B :	Philadelphia Indemnity Insurance..	18058
INSURER C :	Pinnacol Assurance	41190
INSURER D :	Coalition Insurance Company	
INSURER E :		
INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

COVERAGES **CERTIFICATE NUMBER:** 2025-2026 Master **REVISION NUMBER:**

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CERTIFICATE HOLDER

State of Colorado
1525 Sherman Street
Denver CO 80203

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Allyson Ingram

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PO Box 578
Greeley CO 80632

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INSURER F :		

INSURED
A Shared Vision: Partners in Pediatric Blindness and Visual Impairment
10135 W. 101st Dr.
Westminster CO 80021

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CERTIFICATE HOLDER

STRIVE
790 Wellington Ave
Grand Junction CO 81501

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Allyson Ingram

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