

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/19/2022

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| PRO | DUCE | ER | | | | CONTACT | т | | | | |
| | | in West In & Fin Serv LLC ictory Way | | | | PHONE (A/C, No, | Ext): (970) 8 | 24-8185 | FAX (A/C, I | _{No):} (970) 8 | 324-8188 |
| | | CO 81625 | | | | E-MAIL ADDRESS | S: | | | | |
| | | | | | | | INS | URER(S) AFFO | RDING COVERAGE | | NAIC # |
| | | | | | | INSURER | A : America | an Alternat | ive Insurance Corp | ooration | 19720 |
| NSU | RED | | | | | INSURER | в: Greenw | vich Insura | nce Company | | 22322 |
| | | Links at Skyland Association | | | | INSURER | C: | | | | |
| | | 350 Country Club Drive #11 Crosted Butto, CO 81224-96 | | | | INSURER | 2 D : | | | | |
| Crested Butte, CO 81224-9500 | | | | INSURER | E: | | | | | | |
| | | | | | | INSURER | 1 F : | | | | |
| 00 | VER | RAGES CEI | RTIFIC | ATE | ENUMBER: 1 | | | | REVISION NUMBER | R: | |
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| NSR TR | | TYPE OF INSURANCE | ADDL | SUBR | | | POLICY FFF | POLICY EXP | | | |
| Α | | | INSD | SUBR WVD | POLICY NUMBER | (| POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | L | IMITS | |
| Α | Х | | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | EACH OCCURRENCE | \$ | |
| Α | X | | INSD | | POLICY NUMBER | | 7/19/2022 | (MM/DD/YYYY) 7/19/2023 | | \$ | 1,000,00 |
| Α | X | | INSD | | | | | | EACH OCCURRENCE | \$) \$ | 1,000,0 |
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 CERTIFICATE HOLDER
 CANCELLATION

 UNIT OWNERS COPY INFORMATIONAL ONLY
 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

ACORD 25 (2016/03)

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| AGENCY CUSTOMER ID: | LINKATS-01 |
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LOC #: 1



| | | RKS SCHEDULE | Page <u>1</u> of <u>1</u> |
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| AGENCY | | NAMED INSURED | |
| Mountain West In & Fin Serv LLC | | Links at Skyland Association 350 Country Club Drive #110A Crested Butte, CO 81224-9500 | |
| | | Clested Bulle, CO 81224-9500 | |
| SEE PAGE 1 | | - | |
| CARRIER SEE PAGE 1 | NAIC CODE | | |
| | JLL F I | EFFECTIVE DATE: SEE PAGE 1 | |
| ADDITIONAL REMARKS | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO | | | |
| FORM NUMBER: ACORD 25 FORM TITLE: Certificate of | Liability Insurance | | |
| Additional Coverage Information **Guaranteed Replacement Cost Coverage** 8 Building - 23 Units / \$5,000 Deductible Ordinance and Law: Coverage A - Included | | | |
| Coverage B - \$1,000,000 Coverage C - \$2,000,000 Coinsurance: N/A – Guaranteed Replacement Cos Agreed Amount Endorsement: N/A – Guaranteed Inflation Guard: N/A – Guaranteed Replacement C Equipment Breakdown: Included | Replacement Co | st | |
| Wind/Hail Coverage: Included Separation of Insured: Included | | | |
| Directors & Officers Liability: Travelers / Policy #Pending / 07/19/22 - 07/19/23 / \$ | \$1,000,000 Limit | | |
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