



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2024

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 <b>Mountain West In &amp; Fin Serv LLC</b> 100 E Victory Way Craig, CO 81625	CONTACT NAME: <b>Stefan Hodgden, CISR</b> PHONE (A/C, No, Ext): <b>(970) 384-8208</b>   FAX (A/C, No): E-MAIL ADDRESS: <b>stefanh@mntnwt.com</b>
INSURED  <b>Links at Skyland Association</b> <b>350 Country Club Drive #110A</b> <b>Crested Butte, CO 81224-9500</b>	INSURER(S) AFFORDING COVERAGE   NAIC # <b>INSURER A : American Alternative Insurance Corporation   19720</b> <b>INSURER B : Greenwich Insurance Company   22322</b> INSURER C : INSURER D : INSURER E : INSURER F :

**COVERAGES                                          CERTIFICATE NUMBER: 1                                          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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CAU5128077	7/19/2024	7/19/2025	EACH OCCURRENCE	\$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 1,000,000	
			MED EXP (Any one person)				\$ 5,000	
			PERSONAL & ADV INJURY				\$ 2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER:								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY			CAU5128077	7/19/2024	7/19/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
			<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			PPP7465869	7/19/2024	7/19/2025	EACH OCCURRENCE	\$ 5,000,000
	<b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0							\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							PER STATUTE	\$
<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							OTHER	\$
<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A							E.L. EACH ACCIDENT	\$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
A	Property			CAU5128077	7/19/2024	7/19/2025	<b>Building</b>	27,870,000
A	Crime			CAU5128077	7/19/2024	7/19/2025	<b>Fidelity</b>	200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
\*\*See remarks for additional coverage information.\*\*

<b>CERTIFICATE HOLDER</b>  Unit Owner	<b>CANCELLATION</b>  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 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mountain West In &amp; Fin Serv LLC</b>		NAMED INSURED <b>Links at Skyland Association 350 Country Club Drive #110A Crested Butte, CO 81224-9500</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Additional Coverage Information**

**\*\*Guaranteed Replacement Cost Valuation Applies\*\* // 23 units // \$5,000 deductible  
See attached Unit Owner Letter for how property coverage applies**

**Special Causes of Loss****Ordinance and Law:**

**Coverage A - Included  
Coverage B - \$1,000,000  
Coverage C - \$2,000,000**

**Coinsurance: N/A – Guaranteed Replacement Cost**

**Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost**

**Inflation Guard: N/A – Guaranteed Replacement Cost**

**Equipment Breakdown: Included**

**Wind/Hail Coverage: Included**

**Separation of Insured: Included**

**Fidelity Bond: Property Manager & non-compensated employees included: Yes**

**Notice of Cancellation: 10 Days for Non-Payment or Premium  
Minimum 30 Days All Other Reasons**

**Directors & Officers**

**Carrier: Travelers**

**Policy #: 107671019**

**Effective: 07/19/2024-07/19/2025**

**Limit: \$1,000,000 Occurrence / \$1,000,000 Aggregate**