

CATHYS

## **CERTIFICATE OF LIABILITY INSURANCE**

ACORD<sup>®</sup>

DATE (MM/DD/YYYY) 5/22/2024

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).

							ificate holder in lieu of su				require an endorsemen	it. A Si	atement on		
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way									CONTACT Stefan Hodgden, CISR						
									PHONE (A/C, No, Ext): (970) 384-8208 FAX (A/C, No):						
		O 81625						E-MAIL ADDRE	<sub>ss:</sub> stefanh@	@mtnwst.co					
	-										RDING COVERAGE		NAIC #		
								INSURE	R A : Americ	an Alternat	ive Insurance Corpor	ation	19720		
INSURED									INSURER B:						
Mountain Horizon Homeowners Association c/o PR Property Management 350 Country Club Dr Ste 110A Crested Butte, CO 81224-9662									INSURER C:						
									INSURER D:						
									INSURER E :						
								INSURE							
СО	VER	AGES		CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:				
IN C	IDICA ERTI	ATED. NOTWIT	THST SE IS	TANDING ANY F SSUED OR MAY	REQUI PER	REMI TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS		
EXCLUSIONS AND CONDITIONS OF SUCH INSR LTR TYPE OF INSURANCE					ADDI CURD			POLICY EFF POLICY EXP							
A	Х				INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS 1.0		1,000,000		
•	_	CLAIMS-MAD	_	X OCCUR			CAU5290912		5/2/2024	5/2/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000		
		OLAIMO-MAL	L	X COCOR			CAU3290912		3/2/2024	3/2/2023		\$	5,000		
											MED EXP (Any one person)	\$	1,000,000		
	051										PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	N'L AGGREGATE LI	MII A RO- ECT	LOC							GENERAL AGGREGATE	\$	1,000,000		
			CT								PRODUCTS - COMP/OP AGG	\$	1,000,000		
Α	OTHER:  AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000			
		ANY AUTO					CAU5290912		5/2/2024	5/2/2025	BODILY INJURY (Per person)	\$			
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	X	HIRED AUTOS ONLY	Х	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		ACTOC CIVET		AO TOO ONET							( e e e e e e e e e e e e e e e e e e e	\$			
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$			
		DED RETE	ENTIC	ON \$								\$			
	WOF	RKERS COMPENSA EMPLOYERS' LIAE	TION	,							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT	\$				
				N/A						E.L. DISEASE - EA EMPLOYEE	\$				
	If yes	s, describe under CRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$			
Α		perty					CAU5290912		5/2/2024	5/2/2025	Building Limit		4,050,000		
DES ** <b>Se</b>	CRIPT e rer	TION OF OPERATIO marks for additi	iona	LOCATIONS / VEHIC I coverage infor	LES (/ matic	ACORE on.**	O 101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requi	red)				
L															
CERTIFICATE HOLDER									CANCELLATION						
Unit Owner								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							
								Canusts							

**CATHYS** 

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Mountain Horizon Homeowners Association c/o PR Property Management			
Mountain West In & Fin Serv LLC					
POLICY NUMBER		350 Country Club Dr Ste 110A Crested Butte, CO 81224-9662			
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1 SEE P		EFFECTIVE DATE: SEE PAGE 1			

## **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\*\* // 4 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 - \$750,000 Coverage C - \$750,000

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

Notice of Cancellation: 10 Days for Non-Payment or Premium

Minimum 30 Days All Other Reasons