

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/19/2023

CATHYS

PITCASS-01

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 CONTACT Stefan Hodgden, CISR											
Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						PHONE (A/C, No, Ext): (970) 384-8208 FAX (A/C, No):					
						E-MAIL ADDRESS: stefanh@mtnwst.com					
										NAIC #	
						INSURER(S) AFFORDING COVERAGE				14184	
INSURED						INSURER B : Continental Casualty Company					
Pitchfork Association, Inc. c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224						INSURER C :				20443	
						INSURER D :					
						INSURER E :					
Crested Dutte, CO 01224						INSURER F :					
COVERAGES CERTIFICATE NUMBER: 1						REVISION NUMBER:					
THIS IS TO CERTIFICATE NOMBER. I 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.											
INSF LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY						<u>(</u>	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			X78187		9/19/2023	9/19/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE LIMIT (Ea accident)	\$ \$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE			X78187		9/19/2023	9/19/2024	AGGREGATE	\$	1,000,000	
	DED X RETENTION \$ 0	1						Prod/CompOps	\$	1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	Y/N							E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
В	Directors & Officers			618816209		9/19/2023	9/19/2024	Per Claim		1,000,000	
В	Crime			618816209		9/19/2023	9/19/2024	Fidelity		50,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)   No Residential Building Coverage   CERTIFICATE HOLDER   CERTIFICATE HOLDER   HOA COPY   CANCELLATION   ACCORDANCE WITH THE POLICY PROVISIONS.											
					AUTHORIZED REPRESENTATIVE						
CallupDS											

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