

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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