

CATHYS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/21/2024

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).

	SUBROGATION IS WAIVED, subje nis certificate does not confer rights t							require an end	dorsemen	t. Asi	atement on	
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						CONTACT Stefan Hodgden, CISR						
						PHONE (A/C, No, Ext): (970) 384-8208 E-Mall ADDRESS: Stefanh@mtnwst.com						
					INSURE		* *	ive Insurance	Corpor	ation	19720	
INSU	IRED	INSURER B : Travelers Casualty and Surety Company of America 31194										
Red Mountain Ranch of Gunnison County Association, Inc. PO Box 399						INSURER C:						
						INSURER D:						
	Crested Butte, CO 81224		INSURE	INSURER E :								
					INSURE	RF:						
СО	VERAGES CEF	RTIFI	CATI	E NUMBER: 1				REVISION NU	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREM TAIN	ENT, TERM OR COND <mark>I</mark> TIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI BED HEREIN IS S	ITH RESPE	CT TO	WHICH THIS	
INSR TYPE OF INSURANCE			SUBF			POLICY EFF (MM/DD/YYYY)			LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(IMIMI/DD/1111)	(MINI/DD/1111)	EACH OCCURREN		\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU517155-5		11/9/2024	11/9/2025	DAMAGE TO REN' PREMISES (Ea occ		\$	1,000,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COM	1P/OP AGG	\$	1,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO			CAU517155-5	11/9	11/9/2024	11/9/2025	BODILY INJURY (F	Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (F	•	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	ICE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDE	ENT	\$		
	(Mandatory in NH) If yes, describe under	N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below			407400445		44/0/0004	44/0/0005	E.L. DISEASE - PC	LICY LIMIT	\$	4 000 000	
В	Directors & Officers			107430445		11/9/2024	11/9/2025	Per Claim			1,000,000	
Α	Crime			CAU517155-5		11/9/2024	11/9/2025	Fidelity			150,000	
	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC esidential building coverage.	LES (ACORI	 D 101, Additional Remarks Schedu	ule, may be	e attached if mor	e space is requi	 red)				
CERTIFICATE HOLDER						CANCELLATION						
ASSOCIATION 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						