



WILDATP-02

ANNEK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2025

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 Insurance - Glenwood</b> 201 Centennial St 4th Floor Glenwood Springs, CO 81601	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>(970) 945-9111</b>	FAX (A/C, No): <b>(970) 945-2350</b>
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED <b>Wildhorse at Prospect Association, Inc</b> c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224	INSURER A : <b>American Alternative Insurance Corporation</b>	NAIC # <b>19720</b>
	INSURER B : <b>Greenwich Insurance Company</b>	<b>22322</b>
	INSURER C : <b>The PMA Insurance Companies</b>	
	INSURER D : <b>Travelers Property Casualty Company of America</b>	<b>25674</b>
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CAU505106-3	12/12/2024	12/12/2025	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>1,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU505106-3	12/12/2024	12/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			PPP7454614	12/12/2024	12/12/2025	EACH OCCURRENCE \$ <b>5,000,000</b>
							AGGREGATE \$ <b>5,000,000</b>
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	2024010838193Y	12/12/2024	12/12/2025	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Property			CAU505106-3	12/12/2024	12/12/2025	Building <b>5,934,000</b>
D	Crime			106031295	12/12/2024	12/12/2025	Fidelity <b>150,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\*See remarks for additional coverage information.\*\*

## 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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mountain West Insurance - Glenwood</b>		NAMED INSURED <b>Wildhorse at Prospect Association, Inc c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224</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\*\* // 35 units // \$25,000 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 - \$1,000,000

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

## Directors &amp; Officers

Carrier: Great American Alliance  
Policy #: EPP4063938-11  
Effective: 12/12/2024 - 12/12/2025  
Limit: \$1,000,000 Occurrence/Aggregate

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



**Mountain West Insurance & Financial Services, LLC**

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601  
(800) 390-0559 toll-free  
(970) 945-9111 office  
(970) 945-2350 fax  
[www.mtnwst.com](http://www.mtnwst.com)

12/16/2024

RE: Wildhorse at Prospect Association, Inc

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Wildhorse at Prospect Association, Inc, and we look forward to servicing the Association's insurance needs for this coming year. We believe we bring the best value to our Association clients and that is a combination of comprehensive coverage at very competitive premiums.

The Association's Master Insurance Policy has been written to comply with the insurance requirements outlined in the Association Declarations.

**The Association is to insure the following:**

- ⇒ **Common Elements (buildings, structures and common areas)**
- ⇒ **Limited Common Elements (outdoor decks, patios, etc.)**
- ⇒ **The commercial and/or residential units but only up to and including the unfinished drywall**

**AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:**

**Owners are responsible for insurance on the following:**

*(Questions to ask your individual insurance agent)*

- ⇒ **All interior surfaces of the walls, floors and ceilings including appliances, cabinets, fixtures and equipment, including any improvements and upgrades installed by previous or current unit owners**  
*(Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws?)*
- ⇒ **Contents – furniture, furnishings and other personal property**  
*(Do I have replacement cost coverage or actual cash value?)*
- ⇒ **Loss of rental income / loss of use / loss of assessments**  
*(What limits are available? Does the loss assessment coverage apply towards an association deductible?)*
- ⇒ **Personal liability**  
*(Does my policy have rental restrictions? Does my umbrella extend to this policy?)*

Please refer to the insurance section of the Association Declarations for further information regarding insurance requirements for both the Association and the individual Unit Owner.

Please send all insurance certificate requests you receive from your lender to [assncert@mtnwst.com](mailto:assncert@mtnwst.com)

If you have any questions or need any further clarification, please give me a call.

Sincerely,

*Alisa Corey*

Alisa Corey  
Commercial Lines Agent  
970-945-9111  
[alisac@mtnwst.com](mailto:alisac@mtnwst.com)

**Colorado Office Locations:** | Alamosa | Bayfield | Craig | Durango | Edwards | Englewood | Frisco | Glenwood Springs |  
| Granby | Grand Junction | Gunnison | Kremmling | Montrose | Pagosa Springs | Steamboat Springs | Westminster |  
**New Mexico Office Location:** | Farmington |



## Mountain West Insurance & Financial Services, LLC

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601  
(800) 390-0559 toll-free  
(970) 945-9111 office  
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### Association Residential Unit Owner's Insurance Coverage Fact Sheet

*(Questions to ask your individual insurance agent)*

**Interior Building coverage** - The unit owner's policy can cover the portions of the unit interior which the owner is responsible to insure, per the declarations and by-laws.

*Q. Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws of the association?*

**Personal Property coverage** - The policy covers the personal belongings at the location of the unit, such as furniture, dishes, clothing, etc.

*Q. Do I have replacement cost coverage or actual cash value?*

**Loss of Rental Income/or Loss of Use** - In the event of a covered loss and the unit is found not fit to live in, the policy will provide coverage for additional living expenses (primary or secondary home) or loss of rental income (rental property) until the unit is repaired.

*Q. What limits are available?*

**Loss Assessment coverage** - The policy will pay for your share of a loss assessment charged against unit owners as a result of a loss to the property owned by the association or for a bodily injury or property damage liability claim against the association. Loss Assessment coverage is subject to coverage and exclusions in the unit owner's policy. The policy may also provide some coverage towards the association deductible. It is recommended that the carrier allow full limits to be applied to the association's deductible.

*Q. What limits are available? Can full loss assessment coverage limits apply towards an association deductible?*

**Personal Liability** - The policy provides liability coverage in the unit. Coverage would apply if the unit owner is found to be legally liable for a claim of bodily injury or property damage. Most unit owner's policies can provide limits up to \$500,000.

*Q. Does my Umbrella policy extend to this policy? Does my policy have any rental restrictions?*