

CATHYS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/17/2024

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).

th	is c	ertificate does not confer rights to	o the	cert	ificate holder in lieu of su								
PRO	DUCE	:R				CONTA NAME:	^{⊂⊤} Stefan Ĥ	odgden, C	ISR				
Mountain West In & Fin Serv LLC 100 E Victory Way							PHONE (A/C, No, Ext): (970) 384-8208 FAX (A/C, No):						
		CO 81625				E-MAIL ADDRESS: stefanh@mtnwst.com							
	J, -					ADDILL			RDING COVERAGE			NAIC#	
						INSURE			ive Insurance	Corpora	ation		
INSL	IRED					INSURER B : Greenwich Insurance Company					22322		
		Snowfall Point Condominiur	ns A	ssoc	iation	INSURER C: Travelers Property Casualty Company of America							
c/o Toad Property Management							INSURER D :						
		PO Box 2776 Crested Butte, CO 81224				INSURER E :							
		Orosted Butte, OO 01224				INSURER F :							
	VED	AGES CER	TIEI	~ A T E	REVISION NUMBER:								
		IS TO CERTIFY THAT THE POLICIE			ENUMBER:	UAVE B	EEN IQQUED 1	TO THE INCLU				LICY DEDIOD	
IN	IDIC/	ATED. NOTWITHSTANDING ANY R	EQUI	REMI	ENT, TERM OR CONDITIO	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
C	ERTI	FICATE MAY BE ISSUED OR MAY	PER.	TAIN,	THE INSURANCE AFFOR	DED BY	THE POLICI	IES DESCRIE	SED HEREIN IS S	UBJECT T	O ALL	THE TERMS,	
INSR LTR			ADDL	N CIED			BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
A A	х	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS		1,000,000	
	_				CALIFO27552	0/45/0004		0/45/0005	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	1,000,000	
		CLAIMS-MADE X OCCUR			CAU5237553		6/15/2024	6/15/2025			\$	5,000	
									MED EXP (Any one	person)	\$	1,000,000	
									PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	1,000,000	
		POLICY PRO- LOC							PRODUCTS - COM	P/OP AGG	\$	1,000,000	
Α.		OTHER:							COMBINED SINGLE	= LIMIT	\$	1,000,000	
Α	ANY AUTO OWNED SCHEDULED								(Ea accident)	- LIIVIIII	\$	1,000,000	
					CAU5237553		6/15/2024	6/15/2025	BODILY INJURY (P	er person)	\$		
		AUTOS ONLY AUTOS							BODILY INJURY (P	er accident)	\$		
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	3E	\$		
											\$		
В		UMBRELLA LIAB X OCCUR			DDD=10=015		C/45/0004	C/4 E/000E	EACH OCCURREN	CE	\$	5,000,000	
	X	EXCESS LIAB CLAIMS-MADE			PPP7487645		6/15/2024	6/15/2025	AGGREGATE		\$	5,000,000	
		DED X RETENTION\$							1050	0.711	\$		
	WOF	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y / N							PER STATUTE	OTH- ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE	NT	\$		
									E.L. DISEASE - EA	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POI	LICY LIMIT	\$		
Α					CAU5237553		6/15/2024	6/15/2025	Building			11,150,000	
С	Cri	me			106941343		6/15/2024	6/15/2025	Fidelity			250,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
Se	e rei	marks for additional coverage infor	matic)II.									
CE	<u>RTI</u> F	FICATE HOLDER			ICELLATION								
Unit Owner									ESCRIBED POLIC				
							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							AUTHORIZED REPRESENTATIVE						

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Snowfall Point Condominiums Association				
Mountain West In & Fin Serv LLC		c/o Toad Property Management				
POLICY NUMBER		PO Box 2776 Crested Butte. CO 81224				
SEE PAGE 1		Cresieu Buile, CO 61224				
CARRIER	NAIC CODE					
SEE PAGE 1 SEE P 1		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 // 2 Buildings / 14 Units // \$5,000 deductible / 1% Wind/Hail 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

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

Directors & Officers Carrier: Travelers Policy #: 106941343

Effective: 6/15/2024-6/15/2025

Limit: \$1,000,000 Occurrence / \$1,000,000 Aggregate