



PITCCON-01

CATHYS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2024

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).

|  |   |              |
|--|---|--------------|
| PRODUCER<br>Mountain West In & Fin Serv LLC<br>100 E Victory Way<br>Craig, CO 81625  | CONTACT NAME: <b>Stefan Hodgden, CISR</b>                     |              |
|  | PHONE (A/C, No, Ext): <b>(970) 384-8208</b> FAX (A/C, No):    |              |
|  | E-MAIL ADDRESS: <b>stefanh@mtwnwst.com</b>                    |              |
|  | INSURER(S) AFFORDING COVERAGE                                 | NAIC #       |
|  | INSURER A : <b>American Alternative Insurance Corporation</b> | <b>19720</b> |
| INSURED<br><b>Lazy S Condominiums, Inc dba Pitchfork Condominiums Association, Inc.<br/>c/o Toad Property Management<br/>PO Box 2776<br/>Crested Butte, CO 81224</b> | INSURER B : <b>The PMA Insurance Companies</b>                |              |
|  | INSURER C :   |              |
|  | INSURER D :   |              |
|  | 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CAU5182935     | 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        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | CAU5182935     | 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) \$   |
|          |   |           |          |                |                         |                         | \$  |
|          |   |           |          |                |                         |                         | \$  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$   |           |          |                |                         |                         | EACH OCCURRENCE \$  |
|          |   |           |          |                |                         |                         | AGGREGATE \$  |
|          |   |           |          |                |                         |                         | \$  |
| B        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | 2024011502541Y | 12/12/2024              | 12/12/2025              | <input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER |
|          |   |           |          |                |                         |                         | 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  |           |          | CAU5182935     | 12/12/2024              | 12/12/2025              | Building <b>1,870,000</b>   |
| A        | Crime   |           |          | CAU5182935     | 12/12/2024              | 12/12/2025              | Crime/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<br><b>Mountain West In &amp; Fin Serv LLC</b> |                             | NAMED INSURED<br><b>Lazy S Condominiums, Inc dba Pitchfork Condominiums Association, Inc.</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>                   |                             | c/o Toad Property Management<br><b>PO Box 2776</b><br><b>Crested Butte, CO 81224</b>          |  |
| CARRIER<br><b>SEE PAGE 1</b>                         | NAIC CODE<br><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 Coverage Applies\*\* // 1 Building - 6 Units // \$2,500 Deductible**  
**See attached Unit Owner Letter for how property coverage applies**

## Special Causes of Loss

Ordinance and Law:

Coverage A - Included

Coverage B - \$300,000

Coverage C - \$300,000

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 &amp; non-compensated employees included: Yes

## Directors &amp; Officers Liability

Carrier: Travelers

Policy #: 107357845

Term: 12/12/2024 - 12/12/2025

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

Cancellation: 10 days for non-payment / 30 days all other