

CATHYS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/25/2024

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, subject his certificate does not confer rights to				ıch end	lorsement(s)		•	rsement	. As	tatement on	
PRODUCER  Mountain West In & Fin Serv LLC  100 E Victory Way						CONTACT Stefan Hodgden, CISR PHONE (A/C, No, Ext): (970) 384-8208  FAX (A/C, No):						
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#	
					INSURE	RA: Midwes	t Family M	<u>utual Insuranc</u>	e Comp	any	23574	
INSU	JRED	INSURER B:										
	Elk Ave Building Condominion c/o Toad Property Manageme		4550	ciation, inc.	INSURER C:							
	PO Box 2776	INSURER D:										
	Crested Butte, CO 81224				INSURE	RE:						
					INSURE	RF:						
				E NUMBER:				REVISION NUM				
IN C	HIS IS TO CERTIFY THAT THE POLICIE VDICATED. NOTWITHSTANDING ANY RI PERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQU PER	IREM TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT BED HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR				POLICY EXP (MM/DD/YYYY)		LIMITS	 3		
Α	X COMMERCIAL GENERAL LIABILITY	IIIOD	1112			(MINI/DD/1111)	(MINI/DD/11111)	EACH OCCURRENC				
	CLAIMS-MADE X OCCUR			CPCO0560133063		9/25/2024	9/25/2025	DAMAGE TO RENTE PREMISES (Ea occur		\$	300,000	
								MED EXP (Any one p		\$	1,000	
								PERSONAL & ADV II	NJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP	OP AGG	\$	2,000,000	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$ \$	1,000,000	
	ANY AUTO			CPCO0560133063		9/25/2024	9/25/2025	(Ea accident) BODILY INJURY (Per		\$ \$		
	OWNED SCHEDULED AUTOS ONLY AUTOS			0.0000010000		O/LO/LUL+	3/L0/L0L0	BODILY INJURY (Per	1	<del>»</del> \$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)		\$ \$		
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$ \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC		\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION\$							, to otte o, the		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	*		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	<b>N</b> I / A						E.L. EACH ACCIDEN		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT	\$		
Α	Property			CPCO0560133063		9/25/2024	9/25/2025	Building Limit			2,980,700	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL se remarks for additional coverage inforr	.ES (A	ACORI	O 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
	e remarks for additional coverage infor	Haut	JII.									
CE	RTIFICATE HOLDER				CANO	ELLATION						
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.						
					AUTHO	RIZED REPRESE	NTATIVE					
					O	. 0						

**CATHYS** 

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West In & Fin Serv LLC		NAMED INSURED Elk Ave Building Condominium Association, Inc. c/o Toad Property Management				
POLICY NUMBER	PO Box 2776 Crested Butte, CO 81224					
SEE PAGE 1		•				
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**

\*\*Replacement Cost Valuation Applies\*\* // 1 Building / 4 Units (3 Commercial & 1 Residential) // \$5,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss
Ordinance and Law:
Coverage A – Included
Coverage B & C Combined - \$1,000,000

Coinsurance: 80% Inflation Guard: 9%

Equipment Breakdown: Included Wind/Hail Coverage: Included Condominium Endorsement: Yes Separation of Insured: Yes

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

ACORD 101 (2008/01)