



**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Mountain West In &amp; Fin Serv LLC</b>		NAMED INSURED <b>Hawks Nest Town Homes Owners Association c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 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**

**\*\*Replacement Cost Valuation Applies\*\* // 4 units // \$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 - \$200,000  
Coverage C - \$200,000**

**Coinsurance: Not applicable to Property**

**Agreed Amount Endorsement: N/A**

**Inflation Guard: 13.8%**

**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**