

CATHYS



DATE (MM/DD/YYYY) 7/17/2024

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.

It th	SUBROGATION IS WAIVED, subjecting subjections subjecting the subjection of the subjection is subjected by the subjection of the subjection	ct to o the	cert	terms and conditions of ificate holder in lieu of su	ich ende	orsement(s)		•	t. As	tatement on	
PRO	DUCER				CONTACT Stefan Hodgden, CISR						
Mountain West In & Fin Serv LLC 100 E Victory Way						PHONE (A/C, No, Ext): (970) 384-8208 FAX (A/C, No):					
Cra	ig, CO 81625						mtnwst.c				
						INS	SURER(S) AFFO	RDING COVERAGE		NAIC #	
					INSURER A : Central Insurance Company				20230		
INSL	JRED				INSURER B : Chubb						
	Hawks Nest Town Homes O		s As	sociation	INSURER C: Travelers Indemnity Company of America 25666					25666	
	c/o Toad Property Managem PO Box 2776	nent			INSURER D:						
Crested Butte, CO 81224						R E :					
						INSURER F:					
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
Т	HIS IS TO CERTIFY THAT THE POLICI	ES O	F INS	SURANCE LISTED BELOW I	HAVE BE	EN ISSUED 1	TO THE INSUI	RED NAMED ABOVE FOR T	HE PC	DLICY PERIOD	
	NDICATED. NOTWITHSTANDING ANY R										
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								O ALL	THE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
Α	X COMMERCIAL GENERAL LIABILITY	III I				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			CLP8669817-14		7/15/2024	7/15/2025	DAMAGE TO RENTED	\$	300,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							HIRED AND NONOW	\$	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS CINET							(i or deolderity	\$		
В	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	2,000,000	
	X EXCESS LIAB CLAIMS-MADE			93650438		7/15/2024	7/15/2025	AGGREGATE	\$	2,000,000	
	DED X RETENTION\$ 0								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α	Property			CLP8669817-14		7/15/2024	7/15/2025	Building		5,614,000	
С	Directors & Officers			106968085		7/15/2024	7/15/2025	Per Claim/Aggregate		1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE) 101, Additional Remarks Schedu	le, may be	attached if mor	e space is requi	red)			
Se	e remarks for additional coverage infor	matic	on.								
CF	RTIFICATE HOLDER				CANC	ELLATION					
<u> </u>					5, 1110						
								ESCRIBED POLICIES BE CA			
	Unit Owner				THE	EXPIRATION ORDANCE WIT	N DATE TH	IEREOF, NOTICE WILL I CY PROVISIONS.	3E DI	ELIVERED IN	
					1			· · · · · · · · · · · · · · · · · · ·			

AUTHORIZED REPRESENTATIVE

CATHYS

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West In & Fin Serv LLC	NAMED INSURED Hawks Nest Town Homes Owners Association c/o Toad Property Management					
		PO Box 2776 Crested Butte, CO 81224				
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 // 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