

Policy Number	4188856
Invoice Date	01/20/2025
Invoice Number	21948541

Billing Summary

Previous Balance	\$448.00
Payment(s) Received - Thank You	-\$448.00
Current Activity see back for details	\$0.00

Total

\$0.00

Gateway Condominiums Homeowners Associat c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224

Thank you for being a Pinnacol Assurance customer since 2016.

Contact Information

Your agent is: Truenorth Denver 303-740-8101

Visit Pinnacol.com

To call Pinnacol directly: 800.873.7242

Pinnacol Assurance News

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ΡΙΝΝΛΟΟ	Policy Number	4188856
ASSURANCE	Invoice Number	21948541
	Total	\$0.00

Pinnacol Assurance PO Box 561434 Denver, CO 80256-1434

Go paperless. Access your invoice online 24/7 from the Quick Links section on Pinnacol.com.

418885600001 219485414 202501201 000000 0000004480011

Policy Information

Colorado Premium

Your Colorado estimated premium for the current period is \$466.

Billing Summary Details

Total	\$0.00
Current Activity Total	\$0.00
Audit Premium	\$0.00
Current Activity	
Payment(s) Received - Thank You	-\$448.00
Previous Balance	\$448.00



Moved? Please indicate the type of change when providing the new information below.

	Physical Address	Mailing Address	Both		
Add	ress				
City			State	Zip	
Bus	iness Phone			Ext	
Ema	ail				

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pinnacol.com

Coverage Information for 4188856

Audit:		01/01/2025 700 - Waiv	ed Audit				
Location	1:	Gateway Condominiur 18 Snowmass Road Mount Crested Butte, (
Period:		01/01/2024 - 01/01/202	25				
Class	RT	Description	Emp	Est Payroll	Aud Payroll	Rate	Prem Charge
901505	EM	Building or property management-all other employees	.00	\$523	\$523	3.146400	\$16
Total for Associat	Gate	way Condominiums Homec	wners		\$523		\$16
Description	on			Period		Adjustment	Amount
Ratable M	lanua	l Premium		01/01/2024 - 01/	01/2025		\$16
	Limit	ts (500,000/500,000/500,000)		01/01/2024 - 01/	01/2025	1.008	\$0
Increased				01/01/2024 - 01/	01/2023	1.000	ΨΨ
	Limit	ts Minimum Premium		01/01/2024 - 01/		1.000	\$75
Increased		ts Minimum Premium ovider Discount			01/2025	.975	
Increased	d Pro	ovider Discount		01/01/2024 - 01/	01/2025 01/2025		\$75 \$2- \$226
Increased Designate	ed Pro Prem	ium		01/01/2024 - 01/ 01/01/2024 - 01/	01/2025 01/2025 01/2025		\$75 \$2-
Increased Designate Minimum Annual Pc Terrorism	ed Pro Prem blicy F Insur	ovider Discount ium ⁻ ee rance Coverage		01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/	01/2025 01/2025 01/2025 01/2025		\$75 \$2- \$226 \$160 \$0
Increased Designate Minimum Annual Po Terrorism Catastrop	ed Pro Prem blicy F Insur he Ins	ovider Discount ium Fee rance Coverage surance Coverage		01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/	01/2025 01/2025 01/2025 01/2025 01/2025 01/2025		\$75 \$2- \$226 \$160 \$0 \$0
Increased Designate Minimum Annual Pc Terrorism	ed Pro Prem blicy F Insur he Ins	ovider Discount ium Fee rance Coverage surance Coverage		01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/	01/2025 01/2025 01/2025 01/2025 01/2025 01/2025		\$75 \$2- \$226 \$160 \$0
Increased Designate Minimum Annual Po Terrorism Catastrop	ed Pro Prem blicy F Insur he Ins remiu	ovider Discount ium ⁻ ee rance Coverage surance Coverage im		01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/ 01/01/2024 - 01/	01/2025 01/2025 01/2025 01/2025 01/2025 01/2025 01/2025		\$75 \$2- \$226 \$160 \$0 \$0

Policyholder Disclosure Notice of Terrorism and Catastrophe Insurance Coverage

Coverage for acts of terrorism is included in your policy. Under your existing coverage, any losses resulting from certified acts of terrorism would be partially reimbursed by the United States Government. Beginning January 1, 2016:

- The current 85% Federal share of compensation under the TRIPRA decreases by one percentage point per calendar year until it is equal to 80%.
- The current program trigger for aggregate industry insured losses to exceed \$100 million increases by \$20 million per calendar year until it is equal to \$200 million.
- Notwithstanding above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100 billion.

Premium for terrorism is calculated on the basis of total payroll. The total Colorado payroll is divided by \$100 and multiplied by the approved terrorism rate, \$0.005 per \$100 of payroll. The calculation is expressed as (Colorado payroll/\$100 X Approved Terrorism Rate = Premium). This premium is not subject to any other modification including, but not limited to, premium discount, experience rating, schedule rating, or retrospective rating.

Additionally, all workers' compensation carriers are required to charge premium to cover large losses. Premium for Catastrophe (other than Certified Acts of Terrorism) is calculated on the basis of total payroll. The total Colorado payroll is divided by \$100 and multiplied by the approved Catastrophe (other than Certified Acts of Terrorism) rate, \$0.01 per \$100 of payroll. The calculation is expressed as (Colorado payroll/ \$100 X Catastrophe (other than Certified Acts of Terrorism) Value = Premium). This premium is not subject to any other modifications including, but not limited to, premium discount, experience rating, schedule rating, or retrospective rating.

This Policy Information Page reflects coverage, premium and payroll information as of the date of issuance.