

PATRICIAT

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/10/2025

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),

th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su								
PRO	DUCER				CONTA NAME:	ст Dawndre	ea Morse					
Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						PHONE (A/C, No, Ext): (970) 384-8225 FAX (A/C, No):						
						E-MAIL ADDRESS: dawndream@mtnwst.com						
	<i>-</i>				7.55			RDING COVERAGE			NAIC#	
					INCLIDE			Underwriters Insuran	ice Comp	anv	13037	
INICI	PEN	INSURER B : Continental Casualty Company					20443					
Pioneer Plaza Commercial Townhomes Assocation c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224						INSURER C:						
						INSURER D :						
											+	
						INSURER E :						
						INSURER F:						
				E NUMBER:				REVISION NUMI				
IN C	HIS IS TO CERTIFY THAT THE POLICIED INCATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REM TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAI 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUB	H RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	6		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			TBD		2/10/2025	2/10/2026	DAMAGE TO RENTED PREMISES (Ea occurr	rence)	\$	100,000	
								MED EXP (Any one per PERSONAL & ADV IN	,	\$ \$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE	\$	2,000,000	
	X POLICY PRO- X LOC							PRODUCTS - COMP/0	OP AGG	\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE L	IMIT	\$		
	ANY AUTO							(Ea accident)		\$		
	OWNED SCHEDULED							BODILY INJURY (Per	·	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE (Per accident)	=	\$		
	ACTOS CIVET							(100 000000000)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	=	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EN	√PLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT	\$		
В	Directors & Officers			0250985023		2/10/2025	2/10/2026	Liability		•	1,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORI	│ Ͻ 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)				
l												
					0.000							
CE	RTIFICATE HOLDER				CANC	CELLATION						
Unit Owner Copy Information Only						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					~	RIZED REPRESE			_			
	1	Patricia Drividad										