

## CORD

## CERTIFICATE OF LIABILITY INSURANCE

MICHELLEC

DATE (MM/DD/YYYY) 10/21/2025

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).

tŀ	nis certificate does not confer rights to	the	cert	ificate holder in lieu of su	uch end	orsement(s)				
PRO	DUCER				CONTAC NAME:	<sup>CT</sup> Michelle	Castilla			
Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625						PHONE (A/C, No, Ext): (970) 826-3495 FAX (A/C, No):				
						E-MAIL ADDRESS: michellec@mtnwst.com				
J. u.	3, 00 0.020				ADDRES					NAIC#
								RDING COVERAGE	otion	
						INSURER A: American Alternative Insurance Corporation INSURER B: Travelers Casualty and Surety Company of America				
Red Mountain Ranch of Gunnison County Association, Inc. PO Box 399 Crested Butte, CO 81224						R B : I raveiers	Casualty an	d Surety Company of Am	erica	31194
						INSURER C:				
						RD:				
Orosica Datte, OO 01224					INSURE	RE:				
					INSURE	RF:				
co	VERAGES CERT	TIFIC	CATE	NUMBER: 1				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS
NSR		ADDL INSD					POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
A A	X COMMERCIAL GENERAL LIABILITY	חפמו	WVD	. CLIOT NOMBER		(MINN/DOLYTYY)	(MINI/DO/XXXX)		•	1,000,000
	CLAIMS-MADE X OCCUR			CAU5171556		11/9/2025	11/9/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000
	OTHER: AUTOMOBILE LIABILITY							HNOA Liability  COMBINED SINGLE LIMIT	\$	1,000,000
	ANY AUTO							(Ea accident)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	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	s		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	•	
В	Directors & Officers			107430445		11/9/2025	11/9/2026	Occurrence/Aggregate	Ψ	1,000,000
A	Crime			CAU5171556		11/9/2025	11/9/2026	Fidelity		150,000
DES No r	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL esidential building coverage.	ES (A	CORE	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)		
CERTIFICATE HOLDER						CANCELLATION				
ASSOCIATION COPY INFORMATIONAL 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.  AUTHORIZED REPRESENTATIVE				
					AUTHO	KIZED KEPRESE	NIAIIVE			

Michelle Castilla