

DESIREEG

PROSHOM-02

DATE (MM/DD/YYYY)
2/42/2040	

		CEF	RLI	FICATE OF LIA	ABIL	ITY INS	SURAN	CE		12/2019
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.										
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subje his certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way					CONTACT NAME: PHONE (A/C, No, Ext): (970) 824-8185 (A/C, No, Ext): (970) 824-8185				_{io):} (970) 8	824-8188
Craig, CO 81625						E-MAIL ADDRESS:				
										NAIC #
INSL					INSURER A : Liberty Mutual Insurance					41785
inoc		-	aaal	tion						
	Prospect Homestead Owne PO Box 2345	rs As	SOCI	ation	INSURER C :					
	Crested Butte, CO 81224				INSURE					
					INSURER F :					
со	VERAGES CEF	RTIFI	CATE	E NUMBER:				REVISION NUMBER		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			BKS59156684		10/10/2018	10/10/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
]							PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AC		2,000,000
								COMBINED SINGLE LIMIT	\$	
	ANY AUTO							(Ea accident) BODILY INJURY (Per perso	n) \$	
	AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accide PROPERTY DAMAGE (Per accident)	ent) \$	
								(Per accident)	\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH STATUTE ER	4-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLO	YEE \$	
•	DÉSCRIPTION OF OPERATIONS below					10/10/2018	10/10/2019	E.L. DISEASE - POLICY LIN	<u>/IT \$</u>	E 402 700
A	Property Crime			BKS59156684 BKS59156684		10/10/2018	10/10/2019	J		5,183,780
Α	Chine			BK333130004		10/10/2016	10/10/2019	Chime		50,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Blanket Limit applies to 6 total buildings. Replacement Cost Valuation; 90% Coinsurance; \$2,500 Deductible. Ordinance or Law: A- Included in Building Limit, B&C- \$250,000 Water & Sewer Backup: \$100,000										

CERTIFICATE HOLDER	CANCELLATION
Unit Owners Evidence Po Box 2776 Crested Butte, CO 81224	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
	Desiree J. Gribble

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