

**DESIREEG** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/13/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject this certificate does not confer rights to							require an endor	rsement	. As	tatement on	
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way						CONTACT NAME:						
						PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188						
	g, CO 81625				E-MAIL ADDRESS:							
		INSURER(S) AFFORDING COVERAGE						NAIC#				
		INSURER A: Liberty Mutual Insurance						41785				
INSU	IRED	INSURE	RB: United	States Liab	ility Insurance (	Compa	ny	25895				
	Hidden River Ranch Associa				INSURER C:							
c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224						INSURER D:						
						INSURER E :						
						INSURER F:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUME	BER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH ED HEREIN IS SUB	RESPE	CT TO	WHICH THIS	
INSR LTR TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)				LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD		- NOMBER		(INIMI/DU/TTTT)				1,000,000	
	CLAIMS-MADE X OCCUR			BLS58052011		7/29/2018	7/29/2019	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$			300,000	
								MED EXP (Any one person) \$			15,000	
								PERSONAL & ADV INJURY \$			1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/C		\$	2,000,000	
	OTHER:							FRODUCTS - COMPTC		\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	IMIT	\$		
	ANY AUTO							BODILY INJURY (Per p		\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per a		\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
	AUTOS ONLY AUTOS ONLY							(Fer accident)		\$ \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$ \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$ \$		
	DED RETENTION \$							AGGREGATE		\$ \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC				
В	Directors & Officers			CAP1013305D		7/29/2018	7/29/2021	Each/Aggregate		Φ	1,000,000	
											, ,	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	red)				
CE	RTIFICATE 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							
						DONITED O Moibble.						