

## CERTIFICATE OF LIABILITY INSURANCE

DESIREEG

DATE (MM/DD/YYYY)	
5/8/2019	

CRESHOU-01

							5	/8/2019
THIS CERTIFICATE IS ISSUED AS A M CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AND	ELY OF RANCE	R NEGATIVELY AMEND	, EXTEN	D OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
IMPORTANT: If the certificate holder is If SUBROGATION IS WAIVED, subject this certificate does not confer rights to th	to the	terms and conditions of	the poli	cy, certain	policies may			
PRODUCER	le cert		CONTAC NAME:		•			
Mountain West In & Fin Serv LLC				NAME: PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No):(970) 824-8188				
100 E Victory Way Craig, CO 81625			E-MAIL ADDRES	<u>s:</u>		(A/C, NO)		
					URER(S) AFFOI	RDING COVERAGE		NAIC #
			INSURE	A: United	Fire Group			
INSURED Crest House Condominium As	sociati	on c/o Toad Property	INSURE	В:				
Management			INSURE	C:				
c/o Toad Property Managemen PO Box 2776	t		INSURE	2 D :				
Crested Butte, CO 81224-2776			INSURE					
			INSURE	! F :				
COVERAGES CERTIFY THIS IS TO CERTIFY THAT THE POLICIES		ENUMBER:				REVISION NUMBER:		
INDICATED. NOTWITHSTANDING ANY REQ CERTIFICATE MAY BE ISSUED OR MAY PE EXCLUSIONS AND CONDITIONS OF SUCH PO	UIREME ERTAIN,	ENT, TERM OR CONDITIO	N OF AN	NY CONTRA	CT OR OTHEF	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	ECT TO	WHICH THIS
INSR TYPE OF INSURANCE AD	DL SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	тѕ	
A X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	2,000,000
CLAIMS-MADE X OCCUR		60446651		4/25/2019	4/25/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
						PRODUCTS - COMP/OP AGG	\$	1,000,000
OTHER:						COMBINED SINGLE LIMIT	\$	
						(Ea accident)	\$	
ANY AUTO OWNED AUTOS ONLY AUTOS						BODILY INJURY (Per person)	\$	
AUTOS ONLY AUTOS HIRED AUTOS ONLY AUTOS ONLY						BODILY INJURY (Per accident PROPERTY DAMAGE		
AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION \$							s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
						E.L. EACH ACCIDENT	\$	
(Mandatory in NH)	^					E.L. DISEASE - EA EMPLOYE	E \$	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
A Business Owners Poli		60446651		4/25/2019	4/25/2020	Building Limit		2,296,300
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Property coverage includes 6 total units. Writte Property Limit: \$33,400 CERTIFICATE HOLDER Evidence Only Po Box 2776 Crested Butte, CO 81224	(ACORE	0 101, Additional Remarks Schedu pecial form; replacement o	COST VAL	ELLATION	% coinsurán	red) Ce; \$1,000 deductible. Bi ESCRIBED POLICIES BE ( IEREOF, NOTICE WILL Y PROVISIONS.	CANCEL	LED BEFORE
				ized represe iee J. Ari				

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.