

CERTIFICATE OF LIABILITY INSURANCE

DATE	(MM/DD/YYYY)	
2	1010040	

PIONPLA-01

											2/6/2019
C B	ERT ELC	CERTIFICATE IS ISSUED AS A IFICATE DOES NOT AFFIRMAT W. THIS CERTIFICATE OF INS RESENTATIVE OR PRODUCER, AI	IVEL SUR/	Y OF	R NEGATIVELY AMEND DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	OVERAGE AFFORDED	BY TH	IE POLICIES
lf	SU	RTANT: If the certificate holde BROGATION IS WAIVED, subje	ct to	the	terms and conditions of	the po	icy, certain	policies may			
		ertificate does not confer rights to	o the	certi	ificate holder in lieu of su			-			
	DUCE Intai	⊧ĸ in West In & Fin Serv LLC				CONTACT NAME: PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188					
		ictory Way O 81625				(A/C, No, Ext): (970) 024-0105 (A/C, No): (970) 0 E-MAIL ADDRESS:					024-0100
- Cru	9, U	0 01020				ADDRE					NAIC #
						INSURER A : Liberty Mutual Insurance					41785
INSL	RED					INSURER B : Ian H Graham Insurance Inc.					
		Pioneer Plaza Commercial T				INSURER C :					
		c/o Toad Property Managem PO Box 2776				INSURE	RD:				
		Crested Butte, CO 81224					RE:				
						INSURE	RF:				
со	VER	AGES CER	TIFI	CATE	ENUMBER:				REVISION NUMBER:		
IN C	DIC/ ERTI	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER	IREME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRA 7 THE POLIC	CT OR OTHEF	R DOCUMENT WITH RESPE	ЕСТ ТО	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BKS55822305		2/10/2019	2/10/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
									MED EXP (Any one person)	\$	15,000
									PERSONAL & ADV INJURY	\$	1,000,000
	-	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	AUT	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY SCHEDULED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	wor								PER OTH-	\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y / N							STATUTE ER		
	ANY OFF	PROPRIETOR/PARTNER/EXECUTIVE	N / A						E.L. EACH ACCIDENT	\$	
	If ve	s. describe under							E.L. DISEASE - EA EMPLOYEE		
В		CRIPTION OF OPERATIONS below			0250985023		2/10/2019	2/10/2020	E.L. DISEASE - POLICY LIMIT Each/Aggregate	\$	1,000,000
		rion of operations / Locations / vehic coverage for 18 total units.	LES (/	ACORE	0 101, Additional Remarks Schedu	ule, may b	e attached if moi	re space is requi	red)		
CE	RTIF	FICATE HOLDER				CANC	ELLATION				
Unit Owners Evidence Elcho Avenue 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.						
1						1 Leese	ree J. Ari	bole			

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