

DESIREEG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/12/2019

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.

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

	SUBROGATION IS WAIVED This certificate does not confe								require an endorseme	nt. As	statement on	
PRODUCER Mountain West In & Fin Serv LLC 100 E Victory Way Craig, CO 81625							CONTACT NAME: PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188					
							INSURER(S) AFFORDING COVERAGE				NAIC#	
							INSURER A: Colony Insurance Company				39993	
							INSURED Butte Pastures HOA c/o Toad Property Management PO Box 2776 Crested Butte, CO 81224					
INSURER C:												
INSURER D:												
INSURER E :												
INSURER F:												
	VERAGES				NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THI NDICATED. NOTWITHSTANDIN ERTIFICATE MAY BE ISSUED	G ANY R OR MAY	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESP	ECT TO	O WHICH THIS	
INSR TYPE OF INCUPANCE			POLICIES. LIMITS SHOWN MAY HAVE BE ADDL SUBR INSD WVD POLICY NUMBER			DEEIN F	POLICY FFF POLICY FXP					
LTR A	X COMMERCIAL GENERAL LIABILITY		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
		CUR			101GL0027437-04		8/22/2018	8/22/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	χ Owner's & Contractor				101020027407 04		O/LE/LUTO	0/22/2010	MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES	PER:							GENERAL AGGREGATE	\$	2,000,000	
	N DDO	.OC							PRODUCTS - COMP/OP AGG		Included	
	OTHER:									\$		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHED AUTOS								BODILY INJURY (Per accident	\$		
	HIRED NON-O AUTOS	WNED ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
		CUR							EACH OCCURRENCE	\$		
		AIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N							STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$		
	If ves. describe under								E.L. DISEASE - EA EMPLOYE			
	DÉSCRIPTION OF OPERATIONS belo	w							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIPTION OF OPERATIONS / LOCATIO	NS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
l												
CE	RTIFICATE HOLDER				CANCELLATION							
CERTIFICATE HOLDER							OANGELEATION					
Unit Owners Evidence 24470 Hwy 135 Lots 1-8							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Crested Butte, CO 81224						AUTHORIZED REPRESENTATIVE						
	I				Desire J. Dribble							