

## CEDTIEICATE OF LIABILITY INCLIDANCE

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**TREAPOI-01** 

						/29/2019			
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	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subject his certificate does not confer rights to	ct to the	e terms and conditions of	the poli	icy, certain	policies may			
PRODUCER Mountain West In & Fin Serv LLC					CONTACT NAME:				
100 E Victory Way Craig, CO 81625				PHONE (A/C, No, Ext): (970) 824-8185 E-MAIL ADDRESS:					024-0100
			INSURER(S) AFFORDING COVERAGE					NAIC #	
					RA: Liberty	Mutual Ins	urance		41785
INSU	JRED		INSURER B :						
Treasury Point Condominium				INSURE	R C :				
	PO Box 2776 Crested Butte, CO 81224			INSURER D :					_
	Clested Bulle, CO 81224			INSURE	R E :				_
				INSURE	R F :				
CO	VERAGES CER	TIFICAT	E NUMBER:		REVISION NUMBER:				
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN POLICIES	MENT, TERM OR CONDITION N, THE INSURANCE AFFORI S. LIMITS SHOWN MAY HAVE	n of an Ded by Been R	NY CONTRA THE POLIC EDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RES	PECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LI	MITS	
Α	X COMMERCIAL GENERAL LIABILITY				. ,		EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		BKS58346042	11/15/2018	11/15/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
							MED EXP (Any one person)	erson) \$	
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G\$	2,000,000
	OTHER:						COMBINED SINGLE LIMIT	\$	
AUTOMOBILE LIABILITY							(Ea accident)	\$	
							BODILY INJURY (Per persor	) \$	
OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accide	nt) \$	
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-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 EMPLOY	EE \$	
DESCRIPTION OF OPERATIONS below			DK650246042		11/15/0040	44/45/0040	E.L. DISEASE - POLICY LIM		40 404 440
A Property			BKS58346042				Total Building Limit		12,461,418
A Directors & Officers			BKS58346042		11/15/2018	11/15/2019	Each Claim Limit		1,000,000
<u> </u>									
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Two Buildings -15 Total Units. Replacement Cost Valuation; 80% Co-Insurance; \$10,000 Deductible. Includes Equipment Breakdown Coverage; Water & Sewer								
Bac	k up \$25,000;			, ψ.0,000	200000000			ye,	Trater & Gewel
Ord	Ordinance or Law: A-Included, B & C- \$200,000 Combined.								

CERTIFICATE HOLDER	CANCELLATION				
Unit Owners Evidence 24 Hunter Hill Road 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				
	Desire J. Dribble				

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