



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/07/2021

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LIC #N/A 1-303-757-5475 CIRSA 3665 Cherry Creek North Drive Denver, CO 80209 INSURED Town of Mt. Crested Butte PO Box 5800 Mt. Crested Butte, CO 81225	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: CIRSA INSURER B: See Attached Schematic INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES CERTIFICATE NUMBER: 61162632 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10m POL E&O Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		LIAB 01-2021	01/01/21	01/01/22	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		LIAB 01-2021	01/01/21	01/01/22	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property (Excess Prop)		See Attached Schematic	01/01/21	01/01/22	Prop Pool Limit 500,000,000
A	Property (Primary)		PR 01-2021	01/01/21	01/01/22	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is Additional Insured on Liability Policies if required by contract.
 As respects the year round use of a recreation path for pedestrians, bicyclists, in-line skaters and other members of the public in a recreation easement at Black Bear Lodge.

CERTIFICATE HOLDER Black Bear Lodge Condominium Assoc. c/o Toad Property PO Box 2776 Crested Butte, CO 81224-2776 USA	CANCELLATION 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
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ENV 13649 2 OF 2 F

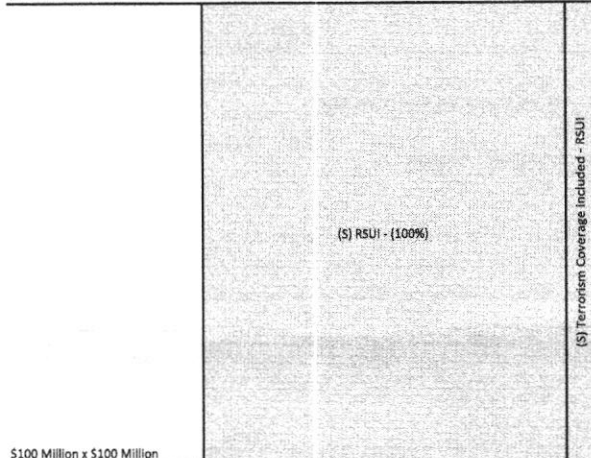
Colorado Intergovernmental Risk Sharing Agency

Property Coverage Schematic

January 1, 2021 to January 1, 2022

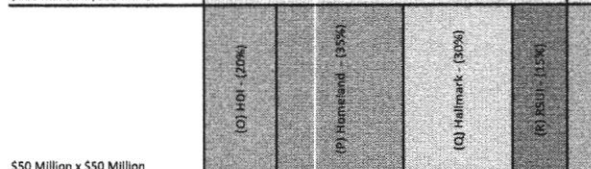
Layer

\$300 Million x \$200 Million



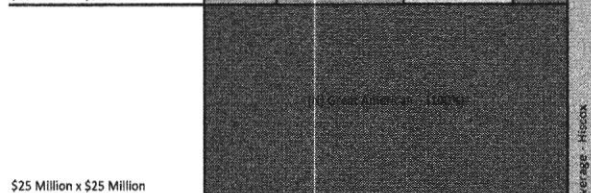
- Insurer A. Lloyds Syndicates - HCC International Insurance Company PLC (10%); Apollo Syndicate Management Ltd (5%); W.R. Berkley Syndicate Limited (5%); Unicorn Underwriting Limited (4%); Brit Insurance (3%); Liberty (3%) Policy # B080119852U21
- Insurer B. Everest Indemnity Insurance Company Policy # CA3P006325-211 / NAIC # 10851
- Insurer C. HDI Global Insurance Company Policy # CPD5542202 NAIC # 41343
- Insurer D. Canopus Insurance Services, Lloyds Syndicate Policy # B68154BAA
- Insurer E. First Specialty Insurance Corporation Policy # ESP 2002790 03 / NAIC # 34916
- Insurer F. Aspen Specialty Insurance Company Policy # PR007HE21 / NAIC # 10717
- Insurer G. Ironshore Specialty Insurance Company Policy # 1000368384-02 / NAIC # 25445

\$100 Million x \$100 Million

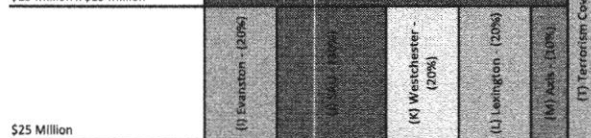


- Insurer H. Steadfast Insurance Company Policy # CPP 3279796-01 / NAIC # 26387
- Insurer I. Evanston Insurance Company Policy # MKLV2XPR000071 / NAIC # 35378
- Insurer J. SRU/Lloyds (Various Syndicates) Policy # S-2008-476178-01
- Insurer K. Westchester Surplus Lines Insurance Company Policy # D42295243 002 / NAIC # 10172
- Insurer L. Lexington Insurance Company Policy # 0006893580 / NAIC # 19437
- Insurer M. Axis Surplus Insurance Company Policy # EAF650183-21 / NAIC # 26620
- Insurer N. Great American Insurance Company Policy # 2480063 / NAIC # 37532
- Insurer O. HDI Global Insurance Company Policy # CPXD5444603 / NAIC # 41343
- Insurer P. Homeland Insurance Company of New York Policy # 795014183 / NAIC # 34452
- Insurer Q. Hallmark Specialty Insurance Company Policy # 73-PX-000640124-00 / NAIC # 10838
- Insurer R. RSUI Indemnity Company Policy # NHD916238 / NAIC # 22314
- Insurer S. RSUI Indemnity Company Policy # NHD916236 / NAIC # 22314
- Insurer T. Hiscox Policy # UTS2564592.21

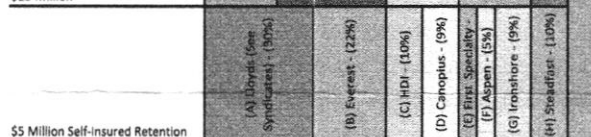
\$50 Million x \$50 Million



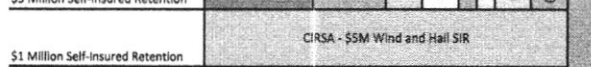
\$25 Million x \$25 Million



\$25 Million



\$5 Million Self-insured Retention



\$1 Million Self-insured Retention

