

DESIREEG

DATE (MM/DD/YYYY) 5/1/2019

CERTIFICATE OF LIABILITY INSURANCE

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.

Snowfall Point Condos Po Box 2776 Crested Butte, CO 81224								INSURER C: INSURER D: INSURER E: INSURER F:					
СО	VEF	RAGES	CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN C E	IDIC. ERT	ATED. NOTWITHST IFICATE MAY BE IS	TANDING ANY F SSUED OR MAY	REQUI PER POLI	REME TAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF AN DED BY	NY CONTRAI THE POLIC EDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH SED HEREIN IS SUE	I RESPE	CT TO	WHICH THIS
INSR LTR	. v	TYPE OF INSURANCE		INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			1,000,000
Α	X	COMMERCIAL GENER CLAIMS-MADE	X OCCUR			BKS56167616		6/15/2019	6/15/2020	EACH OCCURRENCE DAMAGE TO RENTEL PREMISES (Ea occurr	ence)	\$	300,000
										MED EXP (Any one pe	rson)	\$	15,000
										PERSONAL & ADV IN	JURY	\$	1,000,000
		N'L AGGREGATE LIMIT A								GENERAL AGGREGA	TE	\$	2,000,000
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/0	OP AGG	\$	2,000,000
		OTHER:								COMBINED SINGLE L	IMIT	\$	
	AU.	TOMOBILE LIABILITY								(Ea accident)		\$	
		ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per		\$	
		AUTOS ONLY HIRED AUTOS ONLY	AUTOS NON-OWNED AUTOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE (Per accident)		\$	
												\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE		\$	
		EXCESS LIAB	CLAIMS-MADE	1						AGGREGATE		\$	
	14/0	DED RETENTION	· · · · · · · · · · · · · · · · · · ·							PER	OTH-	\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY	1 / N							PER STATUTE	OTH- ER		
	OFF	PROPRIETOR/PARTNER CONTROL CO	/EXECUTIVE ED?	N/A						E.L. EACH ACCIDENT		\$	
		s, describe under CRIPTION OF OPERATION								E.L. DISEASE - EA EN			
Α		operty	ONS below			BKS56167616		6/15/2019	6/15/2020	E.L. DISEASE - POLICE Buildings	Y LIMIT	\$	6,121,758
В	Dir	Directors & Officers				106941343		6/15/2019	6/15/2020	Each/Aggregate			1,000,000

CERTIFICATE HOLDER	CANCELLATION						
Unit Owners Evidence 20 Snowfall Drive Mt. Crested Butte, CO 81225	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
III. 0100104 Butto, 00 01220	AUTHORIZED REPRESENTATIVE						
1	Desiree J. Gribble						