COMMERCIAL CONTRACT



Wesco Insurance Company

(A Stock Insurance Company)

An AmTrust Financial Company

800 SUPERIOR AVENUE EAST, 21ST FLOOR CLEVELAND, OH 44114 877-528-7878



Wesco Insurance Company 800 Superior Avenue East, 21st Floor Cleveland, OH 44114

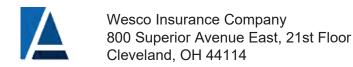
Date

COMMERCIAL COMMON POLICY DECLARATIONS SUMMARY PAGE

| Policy Number WPP1930640 02 | Policy Period | From: 8/15/2023 | | |
|--|--|--|---|--|
| Transaction Renewal | | 12.017 Ott. radia 21 | | |
| Named Insured and Address Meridian Lake Park Corp PO Box 504 Crested Butte CO 81224 | 2000 S Colorado Blvd Denver CO 80222 | HUB International Insurance Services Inc Denver 2000 S Colorado Blvd Ste 150 | | |
| Business Description HOA | Type of Business Organization Including Corporation | Auditable a g a Audit Period | Non-Auditable ⊠ Non-Auditable | |
| | | | | |
| In return for the payment of the premium, a insurance as stated in this policy. This policy. This premium may be subject to adjustment | cy consists of the following cover | is policy, we agree with yerage parts for which a p | you to provide the remium is indicated. | |
| COVERAGE PART DESCRIPTION General Liability | | | PREMIUM \$2,388.00 | |
| | Policy Premium Deposit Premium (if a Taxes and Surcharge | , | \$2,388.00 \$2,388.00 \$0.00 | |
| | Total Deposit Premiu | | \$2,388.00 | |
| FORMS AND ENDORSEMENTS* | | | | |
| See Forms and Endorsements Schedule | | | | |
| *Entry optional if above in common policy declara | tions schedule | | | |
| THESE DECLARATIONS TOGETHER WITCOVERAGE FORM(S) AND FORM(S) AND COMPLETE THE ABOVE NUMBERED PO | D ENDORSEMENTS. IF ANY. | ATIONS, COMMON POI ISSUED TO FORM A PA | LICY CONDITIONS, ART THEREOF, | |
| | | In A ky | 1/ | |
| 6/30/2023 | | | | |

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Signature of Authorized Representative



COMMERCIAL GENERAL LIABILITY COVERAGE DECLARATIONS

| Policy Number WPP1930640 02 | Policy Period | From: 8/15/2023 To: 8/15/2024 12:01 A.M. Standard Time at the Name Insured's Address |
|--|---|--|
| Transaction Renewal | | |
| Named Insured and Address Meridian Lake Park Corp PO Box 504 Crested Butte CO 81224 | Producer: 105768 HUB International Insurance Services Inc Denver 2000 S Colorado Blvd Ste 150 Denver CO 80222 Telephone: (303) 382-5177 | |
| Business Description HOA | Type of Business Organization Including a Corporation | Audit Period Non-Auditable |

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

| General Aggregate Limit (Other than Products-Completed Operations) | \$2,000,000 |
|--|-------------|
| Products - Completed Operations Aggregate Limit | \$2,000,000 |
| Each Occurrence Limit | \$1,000,000 |
| Personal and Advertising Injury Limit | \$1,000,000 |
| Medical Expense Limit, any one person | \$5,000 |
| Damage to Premises Rented to You Limit, any one premises | \$100,000 |

AMENDED LIMITS OF LIABILITY

Refer to attached schedule, if any.

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Refer to attached schedule.

CLASSIFICATIONS

Refer to attached schedule, if any.

| | TOTAL PREMIUM FOR THIS COVERAGE PART | \$2,388.00 |
|--|--------------------------------------|------------|
| FORMS AND ENDORSEMENTS* | | |
| See Forms and Endorsements Schedule | | |
| *Entry optional if above in common policy declarations | | |

^{*}Entry optional if shown in common policy declarations.

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

6/30/2023 Date Signature of Authorized Representative

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