



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

05/15/2025

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.

<b>PRODUCER</b> <b>Layne Insurance Agency</b> 234 N. Main St Suite 1B Gunnison, CO 81230	<b>CONTACT NAME:</b> Christopher Layne <b>PHONE (A/C, No. Ext):</b> (970) 641-3641 <b>FAX (A/C, No):</b> (970) 641-5970 <b>E-MAIL ADDRESS:</b> claynel@farmersagent.com <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b> <b>Ski Center Conodminium Association</b>  12 Snowmass Road Mount Crested Butte, CO 81225	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Truck Insurance Exchange	21709	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Property Location 12 Snowmass Road, Mt Crested Butte, CO 81225, includes 12 units (8 residential units 4 commercial units) 1 building total in HOA. Endorsement E3418 provides in-unit coverage known as

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
<b>A</b>	<input checked="" type="checkbox"/> <b>PROPERTY</b> <b>\$5000</b>	604813330	4/16/2025	4/16/2026	<input checked="" type="checkbox"/> <b>BUILDING</b>	<b>\$8,054,000</b>	
	CAUSES OF LOSS      DEDUCTIBLES				<input type="checkbox"/> <b>PERSONAL PROPERTY</b>	\$	
	<input type="checkbox"/> <b>BASIC</b> <b>\$5000</b>				<input type="checkbox"/> <b>BUSINESS INCOME</b>	\$	
	<input type="checkbox"/> <b>BROAD</b> <b>CONTENTS</b>				<input type="checkbox"/> <b>EXTRA EXPENSE</b>	\$	
	<input checked="" type="checkbox"/> <b>SPECIAL</b>				<input type="checkbox"/> <b>RENTAL VALUE</b>	\$	
	<input type="checkbox"/> <b>EARTHQUAKE</b>				<input type="checkbox"/> <b>BLANKET BUILDING</b>	\$	
	<input checked="" type="checkbox"/> <b>WIND</b> <b>\$90,000</b>				<input type="checkbox"/> <b>BLANKET PERS PROP</b>	\$	
	<input type="checkbox"/> <b>FLOOD</b>				<input type="checkbox"/> <b>BLANKET BLDG &amp; PP</b>	\$	
	<input checked="" type="checkbox"/> <b>RE6097</b>				Ext. Replacement Cost Condo Unit Interior	<input checked="" type="checkbox"/> <b>150%</b>	\$
	<input checked="" type="checkbox"/> <b>E3418</b>					<input checked="" type="checkbox"/> <b>Included</b>	\$
<b>A</b>	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> <b>NAMED PERILS</b>	POLICY NUMBER				\$	
						\$	
<b>A</b>	<input checked="" type="checkbox"/> <b>CRIME</b>				<input checked="" type="checkbox"/> <b>Emp Dishonesty</b>	<b>10,000</b>	
	TYPE OF POLICY					\$	
<b>A</b>	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>				<input checked="" type="checkbox"/> <b>Included</b>	\$	
						\$	
<b>A</b>	<b>Comm Gen Liability Directors/Officers</b>	604813330	4/16/2025	4/16/2026	<input checked="" type="checkbox"/> <b>Occurrence</b>	<b>\$3/\$6M</b> <b>\$2,000,000</b>	
						\$	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Endorsement E3418 provides in-unit coverage known as "all-inclusive", including betterments & improvements. Policy also offers 150% extended replacement cost in addition to above stated building coverage.

<b>CERTIFICATE HOLDER</b>  Toad Property Management	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Christopher Layne
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