

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/26/2024

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 | | CONTACT NAME: Molly Gibb | | | | |
| Christopher Layne(0750C6P) 234 N Main St Ste 1b | | PHONE (A/C, NO, EXT): 970-641-3641 | FAX (A/C, NO): | | | |
| Gunnison CO | 81230-2437 | E-MAIL ADDRESS: clayne1@farmersagent.com | | | | |
| | 0.200 2.00 | INSURER(S) AFFORDING CO | NAIC# | | | |
| INSURED | | INSURER A: Truck Insurance Exchange | 21709 | | | |
| | _ | INSURER B: Farmers Insurance Exchange | 21652 | | | |
| THE TIMBERS CONDOMINIUMS | | INSURER C: Mid Century Insurance Com | 21687 | | | |
| PO BOX 2776 | | INSURER D: | | | | |
| CRESTED BUTTE | 00.04004 | INSURER E: | | | | |
| | CO 81224 | INSURER F: | | | | |
| | | | | | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 | ADDTL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | |
|---|--|---------------|-------------|-------------------------------|----------------------------|----------------------------|--|----|-----------|--|--|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 | | |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea Occurrence) | \$ | 75,000 | | |
| | | | | | | | MED EXP (Any one person) | \$ | 5,000 | | |
| Α | | | | 607073508 | 03/20/2024 | 03/20/2025 | PERSONAL & ADV INJURY | \$ | 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | | |
| | POLICY PROJECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 1,000,000 | | |
| | OTHER: | | | | | | | \$ | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | OWNED AUTOS SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | | | |
| | HIRED AUTOS NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | | | | \$ | | | |
| | ✓ UMBRELLA LIAB ✓ OCCUR | | | | | | EACH OCCURRENCE | \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | N | Ν | 607073518 | 3/20/2024 | 3/20/2025 | AGGREGATE | \$ | 1000000 | | |
| | DED X RETENTION \$10000 | | | | | | | \$ | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER STATUTE OTHER | \$ | | | |
| ANY PROPRIETOR/PARTNER/ Y/N | | N/A | | | | | E.L. EACH ACCIDENT | \$ | | | |
| EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | .,,,, | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| DESCR | RIPTION OF OPERATIONS/LOCATIONS/VEHICLE | ES (ACORD | 101, Add | itional Remarks Schedule, may | be attached if more spa | ce is required) | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION | | | | | | | | | | | |

ACORD 25 (2016/03)

DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE Christopher Layne