PROSHOM-02

MARIP

## ACORD®

## CERTIFICATE OF LIABILITY INSURANCE

9/11/2019

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).

	nis certificate does not confer rights to	tne	cert	ificate noider in lieu of su	CONTA NAME:							
Mountain West In & Fin Serv LLC						PHONE (A/C, No, Ext): (970) 824-8185 FAX (A/C, No): (970) 824-8188						
	E Victory Way ig, CO 81625				E-MAIL ADDRESS:					(,		
	<b>3</b> ,				ADDICE		SURER(S) AFFOI	RDING COVERAGE			NAIC#	
						INSURER A : Liberty Mutual Insurance					41785	
INSURED						INSURER B:						
	Prospect Homestead Owners	s As	socia	ation	INSURER C :							
	PO Box 2776				INSURE	R D :						
	Crested Butte, CO 81224				INSURER E :							
					INSURER F:							
СО	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		-	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER POLIO	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WIT	TH RESPE	CT TO	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC		\$	1,000,000	
	CLAIMS-MADE X OCCUR			BKS59156684		10/10/2019	10/10/2020	DAMAGE TO RENTI PREMISES (Ea occu	ED ırrence)	\$	300,000	
								MED EXP (Any one	person)	\$	15,000	
								PERSONAL & ADV I	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SINGLE	LINALT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)	LIIVII I	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Pe	er accident)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	,_	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE	ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Property							E.L. EACH ACCIDEN		\$		
								E.L. DISEASE - EA EMPLOYEE				
Α				BKS59156684		10/10/2019	10/10/2020	E.L. DISEASE - POLICY LIMIT \$  Buildings		\$	5,183,780	
A	Property			BKS59156684		10/10/2019	10/10/2020	1			50,000	
	l report,					10/10/2010		Offinio		33,333		
Blar Rep Ord	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL with the control of th	nce;	\$2,50	00 Deductible.	ile, may b	। e attached if moi	e space is requiu	red)				
CE	RTIFICATE HOLDER				CANO	CELLATION						
	Unit Owners Evidence Po Box 2776				THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIEREOF, NOTICE				

Crested Butte, CO 81224

AUTHORIZED REPRESENTATIVE