

**CATHYS** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 4/4/2023

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.

		BROGATION IS WAIVED, subjectificate does not confer rights							require an endorsen	ient.	A statement on	
PRO	DUCE	ER				CONTACT Stefan Hodgden, CISR						
		in West In & Fin Serv LLC				PHONE (A/C, No, Ext): (970) 384-8208  F-MAIL ADDRESS: Stefanh@mtnwst.com						
		ictory Way CO 81625										
0.4	<b>9</b> , 0	0.020				ADDRE			RDING COVERAGE		NAIC #	
						INCLIDE					10677	
INSI	IRED					INSURER A : Cincinnati Insurance Company INSURER B : The PMA Insurance Companies					10077	
			!-4			INSURER C: Continental Casualty Company					20443	
		Wildwood Townhomes Ass PO Box 1806	ociat	ion		INSURER D:					20443	
		Gunnison, CO 81230				INSURER E:						
						INSURER F:						
	VED	RAGES CEI	TIEI	CATE	NUMBER: 1	REVISION NUMBER:						
T IN C	HIS I IDICA ERTI XCLU	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY I IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	IES O REQU ' PER I POLI	F INS IREMI TAIN, CIES	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRAC THE POLICI REDUCED BY I	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR DOCUMENT WITH RE	R THE	T TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
Α	X								EACH OCCURRENCE	\$		
		CLAIMS-MADE X OCCUR			EPP0417647		12/28/2022	4/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
									MED EXP (Any one person)	\$		
									PERSONAL & ADV INJURY	\$		
	-	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	X	POLICY PRO- LOC							PRODUCTS - COMP/OP AC	3G \$	2,000,000	
		OTHER:							COMBINED SINGLE LIMIT	\$		
	AUT	TOMOBILE LIABILITY □							(Ea accident)	\$		
		ANY AUTO							BODILY INJURY (Per perso	n) \$		
		OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accide	ent) \$		
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
										\$		
Α		UMBRELLA LIAB X OCCUR			EPP0417647		12/28/2022	4/1/2024	EACH OCCURRENCE	\$	2,000,000	
	Х	EXCESS LIAB CLAIMS-MADE		EFF0417647		12/20/2022	4/1/2024	AGGREGATE	\$	2,000,000		
В	WOF	DED RETENTION \$							V PER V OTH	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2023011396191Y		4/4/2022	4/1/2023	4/1/2024	X PER X OTH	`-	1,000,000	
	ANY OFFI	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			20230113901911		4/1/2023	4/1/2024	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLO		1,000,000	
Λ		SCRIPTION OF OPERATIONS below			EPP0417647		12/28/2022	4/1/2024	E.L. DISEASE - POLICY LIN Building	/IIT \$	7,125,580	
A C		elity			618707734		12/28/2022		Fidelity		25,000	
**Se	e No	TION OF OPERATIONS / LOCATIONS / VEHIC otes for Additional Coverages**	CLES (A	ACORE	D 101, Additional Remarks Schedu		e attached if mor	e space is requii	red)			
UNIT OWNER COPY INFORMATIONAL ONLY							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						ALITHO	DIZED REPRESE	NT A TIVE				

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED						
Mountain West In & Fin Serv LLC		Wildwood Townhomes Association PO Box 1806						
POLICY NUMBER	Gunnison, CO 81230 Gunnison							
SEE PAGE 1		Guillison						
CARRIER	NAIC CODE							
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SFF PAGE 1						

## **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## **Additional Coverage Information**

Replacement Cost Coverage Applies 20 Buildings - 43 Units / \$5,000 Deductible

Ordinance and Law: Coverage A - Included Coverage B - \$150,000 Coverage C - \$150,000

**Inflation Guard: Yes** 

Equipment Breakdown: Included Wind/Hail Coverage: Included

Condominium Endorsement: FA4076 - Condo Assoc Property Coverage Enhancement

Separation of Insured: Included in GL form GA101

Fidelity Bond: Property Manager & non-compensated employees included: Yes

**Directors & Officers Liability:** 

Continental Casualty // Policy #618707734 // Effective: 12/28/2022 - 04/01/2024 // Limit: \$1,000,000

Flood Coverage:

**Underwriters at Lloyds of London** 

**Policy #PENDING** 

04/01/2023 - 04/01/2024

Coverage limit varies by address; see attached schedule.