

CATHYS

CERTIFICATE OF LIABILITY INSURANCE

3/29/2024

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).

| th | is certificate does not confer rights | o the | cert | ificate holder in lieu of su | ich end | lorsement(s) | • | | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-----------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------|-------|------------|--|
| PRO | DUCER | | | | CONTA | ^{C⊤} Stefan H | odgden, Cl | SR | | | |
| Mountain West In & Fin Serv LLC | | | | | | PHONE (A/C, No. Ext): (970) 384-8208 FAX (A/C, No.): | | | | | |
| 100 E Victory Way Craig, CO 81625 | | | | | E-MAIL Stefanh@mtnwst.com | | | | | | |
| O. u. | 9, 00 0.020 | | | | ADDRE | | | RDING COVERAGE | | NAIC # | |
| | | | | | | | • • | | | 10677 | |
| | | | | | • • | | | | | 10077 | |
| INSL | | | | | INSURER B : The PMA Insurance Companies | | | | | | |
| Wildwood Townhomes Association PO Box 1806 Gunnison, CO 81230 | | | | | | INSURER C : Continental Casualty Company 20443 | | | | | |
| | | | | | | INSURER D: | | | | | |
| Guillison, GO 01230 | | | | | INSURER E : | | | | | | |
| | | | | | | INSURER F: | | | | | |
| CO | VERAGES CEF | TIFIC | CATE | E NUMBER: 1 | | | | REVISION NUMBER: | | | |
| IN C | HIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | REQUI PER | REMI TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A | NY CONTRAC | CT OR OTHER | DOCUMENT WITH RESPE | CT TO | WHICH THIS | |
| INSR | TYPE OF INSURANCE | | SUBR | | DELITI | POLICY EFF | POLICY EXP | LIMIT | ·e | | |
| A X COMMERCIAL GENERAL LIABILITY | | | WVD | POLICI NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | | | EPP0417647 | | 4/1/2024 | 4/4/202E | DAMAGE TO RENTED | \$ | 100,000 | |
| | CLAINS-INABL X OCCUR | | | EFF0417047 | | 4/1/2024 | 4/1/2025 | PREMISES (Ea occurrence) | \$ | 5,000 | |
| | | | | | | | | MED EXP (Any one person) | \$ | 1,000,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| | X POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 | |
| | OTHER: | | | | | | | COMPINED CINICIE LIMIT | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | | | | | | | | \$ | | |
| Α | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | \$ | 2,000,000 | |
| | X EXCESS LIAB CLAIMS-MADE | | | EPP0417647 | | 4/1/2024 | 4/1/2025 | AGGREGATE | \$ | 2,000,000 | |
| | DED X RETENTION\$ |) | | | | | | | \$ | | |
| В | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | 4/1/2025 | X PER X OTH- | | | |
| | | | | 2024011396191Y | | 4/1/2024 | | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | · | 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| Α | Property | | | EPP0417647 | | 4/1/2024 | 4/1/2025 | Building | Φ | 12,368,100 | |
| С | Crime | | | 618707734 | | 4/1/2024 | | Fidelity | | 25,000 | |
| | | | | | | | | , | | ,,,,,,, | |
| DES **Se | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC e remarks for additional coverage info | ELES (/ matic | ACORE on.** | D 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is requir | ed) | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| Unit Owner | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | O | - 0 | | | | | |

CATHYS

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY Mountain West In & Fin Serv LLC | | NAMED INSURED Wildwood Townhomes Association PO Box 1806 | | | | | |
|----------------------------------------|--------------------|----------------------------------------------------------|--|--|--|--|--|
| POLICY NUMBER | Gunnison, CO 81230 | | | | | | |
| SEE PAGE 1 | | Gunnison | | | | | |
| CARRIER | NAIC CODE | | | | | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE 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 Valuation Applies // 20 Buildings / 43 Units // \$5,000 deductible

See attached Unit Owner Letter for how property coverage applies

Ordinance and Law:

Coverage A – Included Coverage B - \$500,000 Coverage C - \$500,000

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A

Inflation Guard: No

Equipment Breakdown: Included Wind/Hail Coverage: Included Condominium Endorsement: Yes Separation of Insured: Yes

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

Notice of Cancellation: 10 Days for Non-Payment or Premium Minimum 30 Days All Other Reasons

Directors & Officers

Carrier: Continental Casualty Company

Policy #: 618707734

Effective: 04/01/2024-04/01/2025

Limit: \$1,000,000 Occurrence / \$1,000,000 Aggregate

Flood

Carrier: Lloyd of London Policy #: B1180D230764/003 Effective: 04/01/2024-04/01/2025

Limit: \$8,686,100 (See attached schedule for breakdown)

Deductible: \$25,000