

**DESIREEG** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/6/2019

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 this certificate does not confer rights to the certificate holder in lieu of suppose the subject of the certificate holder in lieu of suppose the subject of the certificate holder in lieu of suppose the subject of the certificate holder in lieu of suppose the |   |             |               |   |                                  |  |   |   |           |              |  |
|--|---|-------------|---------------|---|----------------------------------|--|---|---|-----------|--------------|--|
|  |   |             |               |   |                                  | PHONE<br>(A/C, No, Ext): (970) 824-8185 FAX<br>(A/C, No): (970) 8  |   |   |           |              |  |
|  |   |             |               |   |                                  | E-MAIL ADDRESS:  |   |   |           |              |  |
|  | .,  |             |               |   | ADDITEOU.                        |  | URER(S) AFFOR                             | RDING COVERAGE                            |           | NAIC#        |  |
|  |   |             |               |   | INSURER A : Acuity Insurance Co. |  |   |   |           | 14184        |  |
| INSURED  Green Drake Condominium Association c/o Toad Property Management PO Box 2776  |   |             |               |   |                                  | INSURER B : Continental Casualty Company   |   |   |           | 20443        |  |
|  |   |             |               |   |                                  | INSURER C :  |   |   |           |              |  |
|  |   |             |               |   |                                  | INSURER D:   |   |   |           |              |  |
|  | Crested Butte, CO 81224   |             |               |   |                                  | :<br>:   |   |   |           |              |  |
|  | ,   |             |               | INSURER F:  |                                  |  |   |   |           |              |  |
| COVERAGES CERTI  |   |             |               | E NUMBER:   | REVISION NUMBER:                 |  |   |   |           | -            |  |
| IN<br>C  | HIS IS TO CERTIFY THAT THE POLICI<br>NDICATED. NOTWITHSTANDING ANY F<br>ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH   | PER<br>POLI | REMI<br>TAIN, | ENT, TERM OR CONDITIOI<br>, THE INSURANCE AFFORI<br>. LIMITS SHOWN MAY HAVE | N OF ANY<br>DED BY T<br>BEEN REI | CONTRACTHE POLICII<br>DUCED BY F   | CT OR OTHER<br>ES DESCRIB<br>PAID CLAIMS. | DOCUMENT WITH RESPE                       | CT TO     | O WHICH THIS |  |
| INSR<br>LTR  | TYPE OF INSURANCE   | INSD        | WVD           | POLICY NUMBER   | (М                               | IM/DD/YYYY)  | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT                                     | s         | 4 000 000    |  |
| Α  | X COMMERCIAL GENERAL LIABILITY  |             |               |   |                                  |  | EACH OCCURRENCE                           | \$  | 1,000,000 |              |  |
|  | CLAIMS-MADE X OCCUR   |             |               | ZA5065  | 6                                | 6/21/2018  | 6/21/2019                                 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$        | 5,000        |  |
|  |   |             |               |   |                                  |  |   | MED EXP (Any one person)                  | \$        | 5,000        |  |
|  |   |             |               |   |                                  |  |   | PERSONAL & ADV INJURY                     | \$        |              |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |             |               |   |                                  |  |   | GENERAL AGGREGATE                         | \$        | 2,000,000    |  |
|  | X POLICY PRO-<br>OTHER:   |             |               |   |                                  |  |   | PRODUCTS - COMP/OP AGG                    | \$        | 2,000,000    |  |
|  | 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<br>(Per accident)         | \$        |              |  |
|  |   |             |               |   |                                  |  |   |   | \$        |              |  |
|  | UMBRELLA LIAB OCCUR   |             |               |   |                                  |  |   | EACH OCCURRENCE                           | \$        |              |  |
|  | EXCESS LIAB CLAIMS-MADE   |             |               |   |                                  |  |   | AGGREGATE                                 | \$        |              |  |
|  | DED RETENTION \$  |             |               |   |                                  |  |   |   | \$        |              |  |
|  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |             |               |   |                                  |  |   | PER OTH-<br>STATUTE ER                    |           |              |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE  | N/A         |               |   |                                  |  |   | E.L. EACH ACCIDENT                        | \$        |              |  |
|  | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  |             |               |   |                                  |  |   | E.L. DISEASE - EA EMPLOYEE                | \$        |              |  |
|  | If yes, describe under DESCRIPTION OF OPERATIONS below  |             |               |   |                                  |  |   | E.L. DISEASE - POLICY LIMIT               | \$        |              |  |
| Α  | Property Insurance  |             |               | ZA5065  | '                                | 5/21/2018  |   | Building Value                            |           | 2,250,000    |  |
| В  | Directors & Officers  |             |               | 618802763   | 6                                | 5/21/2018  | 6/21/2019                                 | Each/ Aggregate                           |           | 1,000,000    |  |
| 0% d<br>Crin<br>Equ  | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC<br>perty is written on a replacement cost v<br>coinsurance.<br>ne Coverage: \$50,000/ \$250 Deductible<br>ipment Breakdown Coverage Included<br>inance or Law: A- Included in Building I |             |               |   | ule, may be at<br>tion Guard     | ttached if more  | e space is requin                         | ed)                                       |           |              |  |
| CERTIFICATE HOLDER   |   |             |               |   |                                  | CANCELLATION   |   |   |           |              |  |
| Unit Owners Evidence<br>123 Elk Ave  |   |             |               |   |                                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |   |           |              |  |

Crested Butte, CO 81224

AUTHORIZED REPRESENTATIVE Destree J. Dribble