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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/7/2021

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 Stefan Hodgden, CISR	
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor	PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970)	945-2350
Glenwood Springs, CO 81601	E-MAIL ADDRESS: stefanh@mtnwst.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Allianz Global Corp	35300
INSURED	INSURER B: Greenwich Insurance Company	22322
Wildhorse at Prospect Association, Inc	INSURER C: The PMA Insurance Companies	
c/o Toad Property Management PO Box 2776	INSURER D : Travelers Property Casualty Company of America	25674
Crested Butte, CO 81224	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY				(,	<u> </u>	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			USC010899210	12/12/2021	12/12/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
l		OTHER:							\$	
Α	ΑU	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			USC010899210	12/12/2021	12/12/2022	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
	X	EXCESS LIAB CLAIMS-MADE			PPP7454614	12/12/2021	12/12/2022	AGGREGATE	\$	5,000,000
		DED X RETENTION \$ 0							\$	
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE // N	N/A		2021010838193Y	12/12/2021	12/12/2022	E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	CER/MEMBER EXCLUDED?	N/ A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DÉS	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	Pro	perty			USC010899210	12/12/2021		Building		31,387,250
D	Cri	ne			106031295	12/12/2021	12/12/2022	Fidelity		150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **See Notes for Additional Coverages**

CERTIFICATE HOLDER	CANCELLATION
UNIT OWNERS 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.
	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED		
Mountain West Insurance - Glenwood		Wildhorse at Prospect Association, Inc c/o Toad Property Management	
POLICY NUMBER	PO Box 2776 Crested Butte, CO 81224		
SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: QCC DACC 4	

ADDITIONAL REMARKS

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

Additional Coverage Info

Guaranteed Replacement Cost Valuation Applies

34 Units / \$5,000 Deductible

Ordinance and Law: Coverage A - Included Coverage B - \$5,000,000 Coverage C - \$5,000,000

Coinsurance: N/A - Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A - Guaranteed Replacement Cost

Inflation Guard: N/A - Guaranteed Replacement Cost

Equipment Breakdown: Included Wind/Hail Coverage: Included Separation of Insured: Included

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

Directors and Officers:

Great American Alliance / Policy # EPP406393807 / 12/12/2021 - 12/12/2022 Limit: \$1,000,000 / Additional Defense Limit: \$1,000,000 / \$2,500 Deductible