

ANNEK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2024

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 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).

COVERAGES	CERTIFICATE NUMBER:	PEVISION NUMBER:	
		INSURER F:	
Telluride, CO 8	, CO 81435	INSURER E:	
307 Society Dr		INSURER D : Pinnacol Assurance	41190
Aldasoro Rano	h Homeowners Company	INSURER C: Greenwich Insurance Company	22322
INSURED		INSURER B: Travelers Casualty and Surety Company of America	a 31194
		INSURER A: Liberty Mutual Insurance	41785
		INSURER(S) AFFORDING COVERAGE	NAIC #
Englewood, CO 80113		E-MAIL ADDRESS:	
Mountain West Insurance - Englewood 3575 S Sherman Street			3) 762-1733
PRODUCER		CONTACT NAME:	

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.

NSR 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				(,	,,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BKS67356342	2/15/2024	2/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X	ANY AUTO			BA5X89171A2442G	2/15/2024	2/15/2025	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
С	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			PPP7455609	2/15/2024	2/15/2025	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0	1					Prod Comp	\$	10,000,000
D	D WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER X OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		3316269	3/1/2024	3/1/2025	E.L. EACH ACCIDENT	\$	1,000,000
	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	
A Property				BKS67356342	2/15/2024	2/15/2025	Building			
В	B Crime				106056674	2/15/2024	2/15/2025	Fidelity		

NO RESIDENTIAL BUILDING COVERAGE

CERTIFICATE HOLDER	CANCELLATION
Unit Owners Copy	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 Type Westly

LOC#: 0

ACORD'

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED
Mountain West Insurance - Englewood		Aldasoro Ranch Homeowners Company 307 Society Dr. Unit #C Telluride, CO 81435
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE DAGE 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 // 160 units // \$1,000 deductible

-No Residential Building Coverage-

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

Inflation Guard: 4%

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: Atlantic Specialty Insurance Company

Policy #: MML3436024 Effective: 2/15/24 - 2/15/25

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