VALLVIE-07

LORIMI

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2023

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. 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).

PRO	DUCE	R						CONTACT Taylor Westley, CISR, CIC							
		n West Insuran tennial St 4th F		Glenwood				PHONE (A/C, No, Ext): (970) 384-8216 FAX (A/C, No):							
		od Springs, CO)1				E-MAIL ADDRESS: taylorw@mtnwst.com							
								INSURER(S) AFFORDING COVERAGE NAIC #							
								INSURER A : Allianz Global Corp						35300	
INSL	RED							INSURER B : Allied World Insurance Company					22730		
							meowners Association	INSURER C : Continental Casualty Company 204						20443	
		c/o Propei 704 Main S		rofessionals l	AOF	Mgm	t	INSURER D :							
		Silt. CO 81		uite B				INSURER E :							
								INSURER F:							
CO	/FR	AGES		CER	TIFIC	·ΔTF	: NIIMBER:	REVISION NUMBER:							
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIC												ICY PERIOD			
IN C	DIC/ ERTI	ATED. NOTWITH	HSTA E ISS	NDING ANY F UED OR MAY	EQUI PER	REME TAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORM LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS	
INSR LTR	7					SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMITS			
A	X COMMERCIAL GENERAL LIABILITY				INSD	WVD			(WIWI/DD/TTTT)	(IVIIVI/DD/TTTT)	EACH OCCURRENCE \$			1,000,000	
		CLAIMS-MADI	E X	OCCUR			TBD		6/20/2023	6/20/2024	DAMAGE TO RENT	ED	\$	1,000,000	
		A COOCH							0.20.20	0/20/2021	\		\$	5,000	
		_											\$	1,000,000	
	CEN	I N'L AGGREGATE LIM	ALT A DE										\$	2,000,000	
	GEN	POLICY PRO		X LOC									\$	1,000,000	
) [X 100							PRODUCTS - COM	P/OP AGG			
Α	ALIT	OTHER: OMOBILE LIABILITY	,								COMBINED SINGLE	ELIMIT	\$	1.000.000	
	AUI	ANY AUTO	•				TBD		6/20/2023	6/20/2024	(Ea accident)	,	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS					0/20/2023	0/20/2024	BODILY INJURY (Pe		\$		
	Х										PROPERTY DAMAG (Per accident)	er accident) GE	\$		
	_	HIRED AUTOS ONLY	^ /	NON-OWNED AUTOS ONLY							(Per accident)		\$		
В			7	, 00011D									\$	5,000,000	
	х	UMBRELLA LIAB X OCCUR					031356862399856		6/20/2023	6/20/2024	EACH OCCURREN	CE	\$	5,000,000	
	^	DED X RETER		CLAIMS-MADE			0010000200000		0/20/2020	0/20/2021	AGGREGATE		\$		
	WOE			\$							PER	OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								STATUTE	ER					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDE		\$			
If ves, describe under									E.L. DISEASE - EA EMPLOYEE		\$				
DÉSCRIPTION OF OPERATIONS below A Property						TBD		6/20/2023	6/20/2024	E.L. DISEASE - POL Building	LICY LIMIT	\$	4,119,210		
c							619069869		6/20/2023		Fidelilty			150,000	
		TION OF OPERATION marks for Addit			LES (A	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	red)				
ı															
CERTIFICATE HOLDER									CANCELLATION						
НОА Сору									SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
								How Winer							

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED					
Mountain West Insurance - Glenwood		Valley View Village Condominiums Homeowners Association c/o Property Professionals HOA Mgmt 704 Main St. Suite B Silt. CO 81652					
POLICY NUMBER							
SEE PAGE 1		Garfield					
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

Guaranteed Replacement Cost Valuation Applies //3 Buildings / 18 Units // \$5,000 Deductible See attached Unit Owner Letter for how property coverage applies.

Special Causes of Loss Ordinance and Law: Coverage A – Included Coverage B - \$1,000,000 Coverage C - \$1,000,000

Coinsurance: N/A - Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A - Guaranteed Replacement Cost

Inflation Guard: Yes

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

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

Directors & Officers Liability Carrier: Continental Casualty

Policy #: 619069869

Effective: 06/20/2023 - 06/20/2023

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

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