

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/11/2022

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).

PRODUCER		CONTACT Taylor Westley, CISR, CIC	CONTACT Taylor Westley, CISR, CIC			
Mountain Wes 201 Centennia	Insurance - Glenwood	PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970)	945-2350			
	ngs, CO 81601	E-MAIL ADDRESS: taylorw@mtnwst.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: American Alternative Insurance Corporation	19720			
INSURED		INSURER B: National Surety Corporation	21881			
	eserve On The Eagle River Condominium As	sociation INSURER C: Travelers Property Casualty Company of America	25674			
	o McNeill Property Management O Box 8366	INSURER D:				
Α	von, CO 81620	INSURER E:				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBE	R· 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	NSR TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY				1		EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			CAU6001804	7/17/2022	7/17/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	1,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO				CAU6001804	7/17/2022	7/17/2023	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	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	10,000,000
		EXCESS LIAB CLAIMS-MADE			USL01482121U554803	7/17/2022	7/17/2023	AGGREGATE	\$	10,000,000
		DED X RETENTION \$ 0							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETORS EIABIETT Y/N ANY PROPRIETORS PARTITIONS OFFICE MARKINGS PARTITIONS OFFI PA		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	\$	
	A Property				CAU6001804	7/17/2022		Building		28,525,000
С	C Crime				107120873	7/17/2022	7/17/2023	Fidelity		260,000

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	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

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
Mountain West Insurance - Glenwood		Reserve On The Eagle River Condominium Association c/o McNeill Property Management		
POLICY NUMBER		PO Box 8366 Avon. CO 81620		
SEE PAGE 1		Avoii, 60 01020		
CARRIER	NAIC CODE			
SEE PAGE 1	SEE D 1	EFFECTIVE DATE: OFFE DATE:		

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 131 Units / \$5,000 Deductible

Special Perils apply

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: 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 - Travelers - Policy # 107120873 - Effective 07/17/2022 to 07/17/2023

Limit: \$1,000,000