**WESTPAC-01** 

**SAMIB** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/3/2023

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 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 NAME:			
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601		PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970)	945-2350		
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Fireman's Fund Insurance Company	21873		
INSURED		INSURER B: Greenwich Insurance Company	22322		
	ous Owners Association, Inc. gement of Telluride 5	INSURER C: Pennsylvania Manufacturers' Association Insurance Compan	12262		
c/o Property Manag PO Box 2520		INSURER D: Travelers Casualty and Surety Company of America	31194		
Telluride, CO 81435		INSURER E :			
		INSURER F:			
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 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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
Α	X COMMERCIAL GENERAL LIABILITY			(	,,	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		USC021283230	9/1/2023	9/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO		USC021283230	9/1/2023	9/1/2024	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					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		PPP7459009	9/1/2023	9/1/2024	AGGREGATE	5,000,000
	DED X RETENTION\$					Prods/Comp Ops	\$ 5,000,000
С	C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					X PER X OTH-	
			2023011344472Y	9/1/2023	9/1/2024	E.L. EACH ACCIDENT	1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	1,000,000
Α	Property		USC021283230	9/1/2023	9/1/2024	Building	9,860,250
D	Crime		106158564	9/1/2023	9/1/2024	Crime	130,000
	1		1				

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			
	Samantha Buck			

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED	
Mountain West Insurance - Glenwood		West Pacific Campus Owners Association, Inc. c/o Property Management of Telluride PO Box 2520 Telluride. CO 81435	
POLICY NUMBER			
SEE PAGE 1		Telluride, CO 61433	
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 Info:

\*\*Guaranteed Replacement Cost Valuation Applies\*\* // 4 units // \$10,000 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 - \$500,000

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

Inflation Guard: N/A

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

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

**Effective Date:** 

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

Policy #:

**Directors & Officers- Travelers Insurance** 

Policy #106158564

Eff: 09/01/2023 - 09/01/2024

Limit: \$1,000,000 Deductible: \$15,000

Address:

		_	
567-A	W Pacific Ave	87048896502019	10/05/22-23
567-B	W Pacific Ave	87048839782019	10/05/22-23
571-A	W Pacific Ave	87048901752019	10/05/22-23
571-B	W Pacific Ave	87048885072019	10/05/22-23
573-A	W Pacific Ave	99048900992019	10/05/22-23
573-B	W Pacific Ave	87048839562019	10/05/22-23
573 1/2	W Pacific Ave	99048900982019	10/05/22-23