



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

PRODUCER		<b>CONTACT NAME:</b> Ashley Holden <b>PHONE (A/C, No. Ext):</b> (970) 252-8580 <b>FAX (A/C, No.):</b> (970) 252-1983 <b>E-MAIL ADDRESS:</b> ashley@latitudeins.com <b>PRODUCER CUSTOMER ID:</b> 00006190	
Latitude Insurance 17 N Mesa Avenue		Montrose CO 81401	
		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> National Fire & Marine Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
INSURED			
San Juan Warehouse Condominium Building Association, Inc PO Box 3151			
Telluride CO 81435-3151			

**COVERAGES**      **CERTIFICATE NUMBER:** CP2581216684      **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001: 225 S Pine St Telluride CO 814353151

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	DEDUCTIBLES BUILDING 10,000 CONTENTS SPECIAL EARTHQUAKE WIND FLOOD	12PRM150033-01	08/01/2025	<input checked="" type="checkbox"/> BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	\$ 5,063,222
	<input type="checkbox"/> BASIC					\$
	<input type="checkbox"/> BROAD					\$
	<input checked="" type="checkbox"/> SPECIAL					\$
	<input type="checkbox"/> EARTHQUAKE					\$
	<input type="checkbox"/> WIND					\$
	<input type="checkbox"/> FLOOD					\$
						\$
						\$
						\$
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY		08/01/2026		\$
						\$
		POLICY NUMBER				\$
						\$
A	CRIME TYPE OF POLICY					\$
						\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	12PRM150033-01	08/01/2025	08/01/2026	<input checked="" type="checkbox"/> Equip. Breakdown	\$ Included
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	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 <i>Ashley Holden</i>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/12/2025

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 NAME: Ashley Holden	
Latitude Insurance 17 N Mesa Avenue		PHONE (A/C, No, Ext): (970) 252-8580	FAX (A/C, No): (970) 252-1983
Montrose		E-MAIL ADDRESS: ashley@latitudeins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
Montrose CO 81401		INSURER A: Nautilus Insurance Company	
INSURED		INSURER B:	
San Juan Warehouse Condominium Building Association, Inc PO Box 3151		INSURER C:	
Telluride CO 81435-3151		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2581284781 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)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>			NN1878967	08/01/2025	08/01/2026	EACH OCCURRENCE	\$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000							
	MED EXP (Any one person)	\$ 5,000							
	PERSONAL & ADV INJURY	\$ 1,000,000							
	GENERAL AGGREGATE	\$ 2,000,000							
	PRODUCTS - COMP/OP AGG	\$ Included							
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	\$								
OTHER:	\$								
AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$		
EXCESS LIAB	OCCUR					BODILY INJURY (Per person)	\$		
DED <input type="checkbox"/> RETENTION \$	CLAIMS-MADE					BODILY INJURY (Per accident)	\$		
UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$		
EXCESS LIAB	OCCUR						\$		
DED <input type="checkbox"/> RETENTION \$	CLAIMS-MADE					EACH OCCURRENCE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				AGGREGATE	\$		
							\$		

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

CERTIFICATE HOLDER

CANCELLATION

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

*Ashley Holden*

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