

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 07/28/2023

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

COVERACES	CERTIFICATE MI IMPER.	CP237281397	6 DEVISION NUMBER.	·					
			INSURER F:						
Telluride	CO	81435	INSURER E:						
			INSURER D:						
PO Box 3071			INSURER C:						
The Telluride Riverview Condominium A	ssociation Inc		INSURER B:						
INSURED			INSURER A: Ohio Security Insurance Company	24082					
Montrose	CO	81401	INSURER(S) AFFORDING COVERAGE	NAIC #					
			PRODUCER 00009329						
17 N Mesa Avenue			E-MAIL ashley@latitudeins.com						
Latitude Insurance			PHONE (970) 252-8580 FAX (A/C, No, Ext): (970)	252-1983					
PRODUCER			CONTACT NAME: Ashley Holden						
REFRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									

CERTIFICATE NUMBER: REVISION NUMBER:

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

Loc# 00001 Bldg# 00001: 220 S Spruce St Telluride CO 81435

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	
	X	PROPERTY					×	BUILDING	\$ 6,217,537	
	CAU	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$	
	BASIC BUILDING 2,500			7				BUSINESS INCOME	\$	
		BROAD	CONTENTS	-	08/25/2023	08/25/2024		EXTRA EXPENSE	\$	
	×	SPECIAL	00.11.2.11.0					RENTAL VALUE	\$	
		EARTHQUAKE		BKS60205747				BLANKET BUILDING	\$	
Α		WIND		- BN300203747				BLANKET PERS PROP	\$	
		FLOOD		<u> </u>				BLANKET BLDG & PP	\$	
				1					\$	
									\$	
		INLAND MARINE		TYPE OF POLICY					\$	
	CAU	JSES OF LOSS							\$	
		NAMED PERILS		POLICY NUMBER					\$	
									\$	
	X	CRIME					×	Emp. Dishonesty	\$ 50,000	
Α	TYPE OF POLICY			BKS60205747	08/25/2023	08/25/2024	×	Forgery/Alteration	\$ 100,000	
							×	Deductible	\$ 1,000	
Α	BOILER & MACHINERY / EQUIPMENT BREAKDOWN			BKS60205747	08/25/2023	08/25/2024	×	Equip. Breakdown	\$ Included	
			EARDOWN	DR000200747		00/23/2024			\$	
									\$	
									\$	

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
	Pennytholan

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/28/2023

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 liqu of such endorsement(s)

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to											
PRODUCER					CONTACT NAME: Ashley Holden							
Lati	tude Insurance										252-1983	
17 I	N Mesa Avenue				E-MAIL ashley@latitudeins.com							
				00.04404	INSURER(S) AFFORDING COVERAGE						NAIC#	
	ntrose			CO 81401	INSURE	01: 0	urity Insurance	e Company			24082 24074	
INSC	The Telluride Riverview Condom	inium	Δεερ	ciation Inc	INSURE	ND.	dually IIIS. CO.				24074	
	PO Box 3071	iiiiuiii	7330	ciation inc	INSURE							
	1 O Box 307 1				INSURE							
	Telluride			CO 81435	INSURE							
CO	VERAGES CERT	TIFIC	ATE I	NUMBER: CL237286625		Nr.		REVISION NUMI	BER:			
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		3		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC DAMAGE TO RENTE		φ .	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$		Ψ		
^				DI/C0000F747		00/05/0000	00/05/0004	MED EXP (Any one p	4 000			
Α	<u> </u>		BKS60205747			08/25/2023	08/25/2024	PERSONAL & ADV IN	2,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	ATE	0,000		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$ 2,000				
	OTHER: Directors and Officers AUTOMOBILE LIABILITY							Each Occurrence	I	\$ 1,00	0,000	
	ANY AUTO							COMBINED SINGLE (Ea accident)		\$		
	OWNED SCHEDULED							BODILY INJURY (Per BODILY INJURY (Per		\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG		\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	_	\$ \$		
	➤ UMBRELLA LIAB							EAGU GOOURRENO		•	0,000	
В	FYOTOGUAR HOCCOR			USO60205747	08/25/2023	08/25/2023	08/25/2024	27.011.0000111.21102		φ .	1,000,000	
	DED RETENTION \$ 10,000	CLAINIS-WADE						AGGREGATE \$ 7.55			•	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	Ψ		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDEN				
								E.L. DISEASE - EA EMPLOYEE		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLI		\$		
										•		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)					
<u> </u>	OFFITIEIOATE HOLDER											
CERTIFICATE HOLDER						ELLATION						
						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							
						From this way						