GHOSHOM-01

SAMIB



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2021

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).

| | nis certificate does not confer rights to | | | | ch end | orsement(s). | | require an endorseme | it. A Si | atement on | |
|---|---|-------|-------------|---|------------|--|-------------------|---|----------|-------------|--|
| PRODUCER Mountain West Insurance - Glenwood 201 Centennial St 4th Floor | | | | | | CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350 | | | | | |
| | | | | | | | | | | | |
| | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | | | |
| | | | | INSURER A: American Alternative Insurance Corporation | | | | ation | | | |
| INSURED Ghostriders Homeowners Association, Inc. | | | | | | INSURER B : Continental Casualty Company | | | | 20443 | |
| | c/o Jarmik Property Manage | | | ., | INSURER C: | | | | | | |
| | PO Box 3071 | | | | INSURER D: | | | | | | |
| Telluride, CO 81435 | | | | | | INSURER E: | | | | | |
| | WED A OFO | TIF1/ | ~ A T | - NUMBER | INSURE | RF: | | DEVICION NUMBER | | | |
| | | | | NUMBER: | 141/F D | TEN ICCUED T | | REVISION NUMBER: | THE DO | LICY DEDICE | |
| | HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R | | | | | | | | | | |
| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | | TO ALL | THE TERMS, | |
| INSR LTR | | | SUBR WVD | | DLLINI | POLICY EFF | POLICY EXP | | те | | |
| A | | | WVD | POLICY NUMBER | (MM | (MM/DD/YYYY) | (MM/DD/YYYY) | | | 2,000,000 | |
| | CLAIMS-MADE X OCCUR | | | CAU505218 | | 1/5/2022 | 1/5/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000 | |
| | SE MINE INVEST A SECON | | | OA0303210 | | 17572022 | 1/3/2023 | | \$ | 5,000 | |
| | | | | | | | | MED EXP (Any one person) | \$ | 2,000,000 | |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 | |
| | | | | | | | | PRODUCTS - COMP/OP AGG | | | |
| Α | OTHER: AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT | \$ | 2,000,000 | |
| | ANY AUTO | | | CAU505218 | | 1/5/2022 | 1/5/2023 | (Ea accident) BODILY INJURY (Per person) | \$ | | |
| | OWNED AUTOS ONLY AUTOS | | | 0710000210 | | 17072022 | 17072020 | BODILY INJURY (Per accident) | | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | | |
| | DED RETENTION \$ | | | | | | | AGGICLGATE | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | Ψ | | |
| | | | | | | | | E.L. EACH ACCIDENT | \$ | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYER | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | | | |
| Α | Property | | | CAU505218 | | 1/5/2022 | 1/5/2023 | Building | 1 | 7,612,500 | |
| В | Directors & Officers | | | 618941274 | | 1/5/2022 | 1/5/2023 | Directors & Officers | | 2,000,000 | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE Notes for Additional Coverages** | LES (| ACORE | 0 101, Additional Remarks Schedu | le, may b | e attached if more | e space is requir | red) | | | |
| | to Notes for Additional Goverages | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | |
| | | | | | cuo | | FUE ABOVE D | ESCRIPED DOLLCIES DE C | ANCEL | LED BEFORE | |
| 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. | | | | | |
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| | | | | | _ | RIZED REPRESEI | | | | | |
| | | | | | 1 | manst | ra Bu | M | | | |

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY | | NAMED INSURED | | | | | | |
|------------------------------------|-----------|--|--|--|--|--|--|--|
| Mountain West Insurance - Glenwood | | Ghostriders Homeowners Association, Inc. c/o Jarmik Property Management PO Box 3071 Telluride. CO 81435 | | | | | | |
| POLICY NUMBER | | | | | | | | |
| SEE PAGE 1 | | Telluliue, CO 01433 | | | | | | |
| 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, Wind & Hail Coverage Applies 13 Units / \$2,500 Deductible

Ordinance or Law: Coverage A: Included Coverage B: \$ 300,000 Coverage C: \$ 300,000

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

Crime/Fidelity Coverage: \$150,000 Combined Limit including Employee Dishonesty, Computer Fraud and Depositors Forgery