

CERTIFICATE OF LIABILITY INSURANCE

DAWNDREAM

DATE (MM/DD/YYYY) 10/2/2023

FALLCRE-02

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.

lt th	SU nis c	BROGATION I ertificate does	S V	VAIVED, subje confer rights	ct to	the cert	terms and conditions of ificate holder in lieu of su	ıch end	lorsement(s)	j.	require an endorsemen	t. A si	atement on	
PRO	DUCE	R						CONTACT Dawndrea Morse						
		in West Insura						PHONE (A/C, No, Ext): (970) 384-8225 FAX (A/C, No):						
		itennial St 4th I od Springs, CC						E-MAIL ADDRESS: dawndream@mtnwst.com						
								INSURER(S) AFFORDING COVERAGE NAIC #						
								INSURE			Home Insurance Com	pany	23450	
INSL	IRED							INSURER B:						
		Fall Cree	k Vi	llage Homeowi	ners A	Asso	ciation, Inc.	INSURER C:						
c/o Jarmik Property Mgmt PO Box 3071									INSURER D :					
		Telluride.						INSURE						
		. onanao,	,	01.100					INSURER F:					
	VED	RAGES		CE	TIEI	^ A T E	E NUMBER: 1	REVISION NUMBER:						
			т⊔				SURANCE LISTED BELOW		EEN ISSUED	TO THE INICHE		THE DO	LICY DEDIOD	
							ENT, TERM OR CONDITIO							
С	ERTI	IFICATE MAY B	E IS	SSUED OR MAY	PER	TAIN,	THE INSURANCE AFFOR	DED B	Y THE POLIC	IES DESCRIB	BED HEREIN IS SUBJECT T			
INSR	_							E BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP						
A					INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		1,000,000	
^	X										DAMAGE TO RENTED	\$	1,000,000	
		CLAIMS-MAE	DE [X OCCUR			CAU4003626		10/2/2023	10/2/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
											MED EXP (Any one person)	\$	5,000	
											PERSONAL & ADV INJURY	\$	1,000,000	
		N'L AGGREGATE LII		APPLIES PER:							GENERAL AGGREGATE	\$	4 000 000	
	X	POLICY PR	CT	LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
		OTHER:									OOMENIED ONLOUE LINEE	\$		
Α	AUT	TOMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO		COUEDINED			CAU4003626		10/2/2023	10/2/2024	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
												\$		
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$		
		DED RETE	ENTIC	ON \$								\$		
	WOF	RKERS COMPENSA EMPLOYERS' LIAE	TION	,							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDENT	\$			
				N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes	s, describe under CRIPTION OF OPE	RATIO	ONS below							E.L. DISEASE - POLICY LIMIT	\$		
Α		perty					CAU4003626		10/2/2023	10/2/2024	Property- HOA only		130,000	
Α	Fid	elity Section					CAU4003626		10/2/2023	10/2/2024	Fidelity		150,000	
DES HOA	CRIPT	TION OF OPERATIO py Only. Buildir	NS/I	LOCATIONS/VEHIC overage is prov	LES (A	ACORE	0 101, Additional Remarks Schedu wer treatment facility, she	ule, may k d, struc	e attached if mor ctures & comi	re space is requi munity perso	^{red)} nal property. **No resider	ntial co	verage.**	
								•						
CE	RTIF	FICATE HOLD	ER					CAN	CELLATION					
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 Approved 12 24 Mlonso					

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED Fall Creek Village Homeowners Association, Inc. c/o Jarmik Property Mgmt			
POLICY NUMBER SEE PAGE 1		PO Box 3071 Telluride, CO 81435			
CARRIER	NAIC CODE				
SEE PAGE 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

Coverage is Provided for Sewer Treatment Facility, Shed, Structures & Community Personal Property.

Guaranteed Replacement Cost Valuation Applies 8 Lots/5 homes built/on-site / \$1,000 Deductible

Ordinance and Law:

Coverage A - Included Coverage B - \$300,00 Coverage C - \$300,00

Cancellation: 10 days for non-payment / 30 days all other

Directors & Officers - Continental Casualty Company

Effective 10/02/2023 - 10/02/2024

Limit \$1,000,000 Deductible \$1,000