



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/12/2026

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 Tamara Handa	
	PHONE (A/C, No, Ext): (970) 384-8213	FAX (A/C, No):
INSURED	E-MAIL ADDRESS: tamarah@mtnwst.com	
	INSURER(S) AFFORDING COVERAGE	
INSURER A : American Alternative Insurance Corporation 19720		NAIC #
INSURER B :		
INSURER C :		
INSURER D :		
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.

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			CAU505218	1/5/2026	1/5/2027	EACH OCCURRENCE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						5,000	
	UMBRELLA LIAB	<input type="checkbox"/>	OCCUR				PERSONAL & ADV INJURY	\$ 2,000,000
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				GENERAL AGGREGATE	\$
	DED	<input type="checkbox"/>	RETENTION \$				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A				HIRED NONOWNED	\$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
A	Property			CAU505218	1/5/2026	1/5/2027	EACH OCCURRENCE	\$
	Crime						AGGREGATE	\$
A	Building			CAU505218	1/5/2026	1/5/2027	PER STATUTE	OTHE- ER
	Fidelity						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

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

****Guaranteed Replacement Cost Valuation Applies** // 13 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 - \$500,000

Coverage C - \$500,000

Coinsurance: N/A – Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost

Inflation Guard: N/A – Guaranteed Replacement Cost

Equipment Breakdown: Included

Separation of Insured: Included

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

Directors and Officers Liability

Carrier: Continental Casualty Company

Policy #: 618941274

Policy Term: 1/5/2026 to 1/5/2027

Limit: \$2,000,000.00

Deductible: \$2,500

Notice of Cancellation: 10 Days for Non-Payment or Premium

Minimum 30 Days All Other Reasons