

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/09/2023

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 lique of such andersement(c)												
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Ashlev Holden												
-					NAME: Ashey Holden							
Latitude Insurance						PHONE (A/C, No, Ext): (970) 252-8580 FAX (A/C, No): (970) 252-1983 E-MAIL						
17 N Mesa Avenue						ADDRESS: 7						
Mo	atrose	CO 81401		NAIC # 42390								
						INSURER A: AMGUARD Insurance Company						
INSURED						Mourie Devie les Ce						
The Plunge Condominiums Owners Association, Inc.						INSORER 0.						
c/o Jarmik Property Management PO Box 3071						INSURER D :						
Telluride CO 81435-1890						INSURER E :						
0				NUMBER: CL236965280	INSURE	KF:		REVISION NUMBER:				
					ISSUED	TO THE INSUE			IOD			
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		ADDL INSD	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S			
						(EACH OCCURRENCE		0,000		
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00		
								MED EXP (Any one person)	\$ 5,00	D		
А				PLBP420729		06/30/2023	06/30/2024	PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00			
								PRODUCTS - COMP/OP AGG	_{\$} 2,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
	VMBRELLA LIAB OCCUR							EACH OCCURRENCE	_{\$} 5,00	0,000		
В	EXCESS LIAB CLAIMS-MADE			PPP7447847		06/30/2023	06/30/2024	AGGREGATE	\$			
	DED RETENTION \$							PER OTH-	\$			
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$			
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT Each Occurrence	\$ \$10	00,000		
С	C DIRECTORS AND OFFICERS			107288325		06/30/2023	06/30/2024		φ1,0	50,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)	I				
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			Asnuttalen								

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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/09/2023

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PRO	DUCE	R				CONTACT Ashley Holden							
Lati	tude	Insurance				PHONE (970) 252-8580 FAX (970) 252-1983 (A/C, No, Ext): (970) 252-1983							
17	N Me	sa Avenue				E-MAIL ash	E-MAIL ADDRESS: ashley@latitudeins.com						
Мо	ntros	e		CO	81401	CUSTOMER ID: 00000443 INSURER(S) AFFORDING COVERAGE NAIC #							
INSU	RED					INSURER A : Am							
The	Plur	nge Condominiu	ms Owners Assoc	ciation, Inc.									
c/o	Jarm	ik Property Mar	agement			INSURER C :							
PO	Box	3071				INSURER D :							
Tell	uride			CO	81435-1890	INSURER E :	INSURER E :						
COVERAGES CERTIFICATE NUMBER: CP236913794						INSURER F :							
			ESCRIPTION OF PR	CERTIFICATE NUMBER:		-	REVISION NUMBER:						
Loc	LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Loc# 00001: 653 W Pacific Ave Telluride CO 814351890, Loc# 00002: 663 673 W Pacific Ave Telluride CO 81435 THIS IS TO CERTIFY THAT THE DOLLOY PERIOD												
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 IN	SURANCE	POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)			r _	LIMITS		
	×	PROPERTY						$\left \times\right $	BUILDING	<u></u> 1	,049,505		
	CAL	JSES OF LOSS	DEDUCTIBLES						PERSONAL PROPER	TY \$	\$		
		BASIC	BUILDING 5,000	-				$\left \times \right $	BUSINESS INCOME	<mark>\$</mark> 1	\$ 12 MOS ALS		
		BROAD	CONTENTS	-				$\left \times \right $	EXTRA EXPENSE	_{\$} 1	\$ 12 MOS ALS		
	\times	SPECIAL		PLBP420729		06/30/2023	06/30/2024		RENTAL VALUE		\$		
A		EARTHQUAKE							BLANKET BUILDING	\$			
		WIND							BLANKET PERS PRO	P \$			
		FLOOD							BLANKET BLDG & PF	° \$	\$		
								$ \times$	Location Two		\$ 3,202,992		
								$ \times$	Ordinance/Law		Included		
		INLAND MARINE		TYPE OF POLICY									
	CAUSES OF LOSS									\$	\$		
				POLICY NUMBER						\$			
										\$	05 000		
в	\times	1		105607045		06/30/2021	06/30/2024	Emp. Dishonesty			\$ 185,000 \$ 500		
	TYPE OF POLICY			105697945		00/30/2021	00/30/2024			φ	00		
<u> </u>	$\overline{\mathbf{v}}$	BOILER & MACH	INERY /					Equip. Breakdown		n _s Ir	ncluded		
A	$ \frown $	BOILER & MACH EQUIPMENT BRE	EAKDOWN	PLBP420729		06/30/2023	06/30/2024			φ			
										\$			
									-	\$			
SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CERTIFICATE HOLDER CANCELLATION													
					THE EXPIRAT	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 REP	AUTHORIZED REPRESENTATIVE						
							fishingthilden						

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