

# CERTIFICATE OF LIABILITY INSURANCE

**DAWNDREAM** 

DATE (MM/DD/YYYY) 5/16/2023

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.

						terms and conditions of ificate holder in lieu of ຣເ	ıch end	dorsement(s)		require an endorsemen	t. A Si	atement on	
	DUCE						CONTACT Dawndrea Morse						
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor								PHONE (A/C, No, Ext): (970) 384-8225 FAX (A/C, No):					
		od Springs, CO					E-MAIL ADDRE	<sub>ss:</sub> dawndre	am@mtnw	st.com			
								INS	SURER(S) AFFO	RDING COVERAGE		NAIC #	
							INSURE	R A : Americ	an Alternat	tive Insurance Corpor	ation	19720	
INS	JRED						INSURER B:						
			nmercial Condon perty Mgmt.	niniui	ms A	ssociation, Inc.	INSURER C:						
		PO Box 30					INSURER D:						
		Telluride, (	CO 81435				INSURER E :						
							INSURE	RF:					
CC	VER	RAGES	CEF	RTIFI	CATI	E NUMBER:				REVISION NUMBER:			
li C	NDIC/ ERTI	ATED. NOTWITH	ISTANDING ANY F ISSUED OR MAY	REQU PER	IREM TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR . LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI	CT OR OTHER	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT 1	CT TO	WHICH THIS	
INSF	INSR LTR TYPE OF INSURANCE			ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s		
A	Х	COMMERCIAL GEN	IERAL LIABILITY					· · · · · · · · · · · · · · · · · · ·	(IIIIII)	EACH OCCURRENCE \$		1,000,000	
		CLAIMS-MADE	X OCCUR			CAU5110035		5/24/2023	5/24/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
										MED EXP (Any one person)	\$	5,000	
										PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	N'L AGGREGATE LIMI	IT APPLIES PER:							GENERAL AGGREGATE	\$	0	
	X	POLICY PROJECT								PRODUCTS - COMP/OP AGG	\$	1,000,000	
		OTHER:									\$		
Α	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO				CAU5110035		5/24/2023	5/24/2024	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY IN IURY (Per accident)	\$		
	Х		X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		7.0.00 0.1.2.	7.01.00 0.1.2.								\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETEN	ITION \$								\$		
	WOF	RKERS COMPENSATI EMPLOYERS' LIABIL	ON ITY							PER OTH- STATUTE ER			
				N / A						E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			E.L. DISEASE - EA EMPLOYEE				\$			
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$			
Α	Pro	perty Section				CAU5110035		5/24/2023	5/24/2024	Building		6,800,500	
Α	Fide	elity Section				CAU5110035		5/24/2023	5/24/2024	Fidelity		150,000	
		TION OF OPERATIONS tes for Additions		LES (	ACORI	D 101, Additional Remarks Schedu	ule, may b	e attached if mor	e space is requi	red)			
C.F	RTIF	ICATE HOLDE	 R				CANO	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.						
								Stunds.		, 91.51-			

LOC #: 1



# ADDITIONAL REMARKS SCHEDULE

Page	1	of	1

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED Daved Commercial Condominiums Association, Inc. Jarmik Property Mgmt. PO Box 3071 Telluride, CO 81435		
POLICY NUMBER SEE PAGE 1				
CARRIER	NAIC CODE			
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SFF PAGF 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**

\*\*Guaranteed Replacement Cost Coverage Applies\*\* \$2500 Deductible/6 Units

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

Coinsurance: Waived Inflation Guard: N/A

Separation of Insured: CAU1000 Equipment Breakdown: Included

Directors & Officers: \$1,000,000 \$0 deductible - PM included

Nat'l Flood Policy Policy #: 8702644578 Limit: \$500,000 Eff: 3/15/23-24

**Cancellation Policy:** 

10-Days For Non-Payment of Premium

30-Days for Any Other Reason