



Regulatory Office:
 505 Eagleview Blvd.
 Suite 100
 Dept.: Regulatory
 Exton, PA 19341-1120
 800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

**Commercial Excess/Umbrella Liability Certificate Holder
 Declarations**

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7449637
 This Certificate Forms a Part of Master Policy Number: PPP744000002
 Renewal of Certificate Number: PPP7449637
 Renewal of Master Policy Number: PPP744000001

1: **Certificate Holder: Ridgway Village West Condominium Owners Association, LLC**
 Address: c/o Judi Balkind
 567 Mountain Village Blvd, 106A
 City/State/Zip: Mountain Village, CO 81435

is:

Individual Partnership Corporation Joint Venture Other _____

2: Certificate Period:
 From: 07/23/2015 To: 07/23/2016
 12:01 A.M. standard time at your mailing address shown above.

3: Certificate Premium: \$758.00

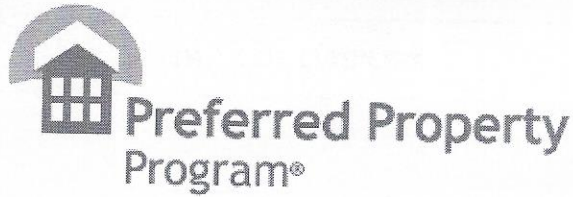
3a: Certificate Premium For Certified Acts of Terrorism: Included In Certificate Premium Above

3b: Surcharge: N/A

4: Limits of Insurance:

(a) Each Occurrence	\$ 5,000,000	
(b) Products Completed Work Hazard	\$ 5,000,000	
Aggregate (Where applicable)		
(c) General Aggregate	\$ 5,000,000	
(d) Self-Insured Retention or Retained Limit	\$ 0	Occurrence

5: Retroactive Date Where applicable
 As per Schedule of Underlying Insurance
 (applicable to **Claims Made** Coverages)



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**Commercial Excess Follow Form And Umbrella Liability Policy
 Certificate Holder Schedule Of Underlying Insurance**

Effective Date Of This Schedule: 07/23/2015		Attached To And Forming Part Of Certificate Number: PPP7449637	
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Travelers Policy Number: 6806772R962 Term: 07/23/15 to 07/23/16	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 1,000,000	each Occurrence
		\$ 2,000,000	General Aggregate
		(Other than Products Completed Operations)	
		\$ 2,000,000	Products Completed Operations Aggregate
		\$ 1,000,000	Personal and Advertising Injury
b. Name: Travelers Policy Number: 6806772R962 Term: 07/23/15 to 07/23/16	Automobile Liability	\$1,000,000	Combined Single Limit
		HNOA ONLY	
c. Name: Excluded Policy Number: Term:	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident	
		\$ 0	each Accident Disease
		\$ 0	each Policy
d. Name: Travelers Policy Number: 105984872 Term: 07/23/15 to 07/23/16	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000	each Occurrence
		\$ 1,000,000	Aggregate
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident	
		\$ 0	each Accident Disease
		\$ 0	each Policy
		\$ 0	each Employee