



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 Latitude Insurance 17 N Mesa Avenue	CONTACT NAME: Clifford Hansen	
	PHONE (A/C, No, Ext): (970) 252-8580	FAX (A/C, No): (970) 252-1983
	E-MAIL ADDRESS: clifford@latitudeins.com	
Montrose	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Old Guard Insurance Co.	
		NAIC # 17558
INSURED	INSURER B :	
The Willows at Telluride Phase II Condominium Assoc PO Box 3071 Attn Judi Balkind Telluride	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: CL25101686533

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			438271C	10/31/2025	10/31/2026	EACH OCCURRENCE \$ 1,000,000					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000					
							MED EXP (Any one person) \$ 1,000					
							PERSONAL & ADV INJURY \$ 1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000					
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000					
	OTHER:						Directors and Officers \$ 1,000,000					
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$					
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$					
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$					
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$					
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE \$					
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$					
	DED	RETENTION \$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y/N N/A								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						PER STATUTE \$ OTH-ER					
	(Mandatory in NH)						E.L. EACH ACCIDENT \$					
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

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

Apph



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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.

PRODUCER		CONTACT NAME: Clifford Hansen PHONE (A/C, No, Ext): (970) 252-8580 FAX (A/C, No): (970) 252-1983 E-MAIL ADDRESS: clifford@latitudeins.com PRODUCER CUSTOMER ID: 00001357	
Latitude Insurance 17 N Mesa Avenue Montrose		CO 81401	INSURER(S) AFFORDING COVERAGE INSURER A: Old Guard Insurance Co. NAIC # 17558 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED		CO 81435-3071	
The Willows at Telluride Phase II Condominium Assoc PO Box 3071 Attn Judi Balkind Telluride			

COVERAGES	CERTIFICATE NUMBER:	CP25101616964	REVISION NUMBER:
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)			
Loc# 00001 Bldg# 00001: 240 E Pacific Ave Telluride CO 814355003			

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	CAUSES OF LOSS	438271C	10/31/2025	10/31/2026	<input checked="" type="checkbox"/> BUILDING	\$ 4,369,469
		DEDUCTIBLES				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING 10,000				BUSINESS INCOME	\$ 12 MOS ALS
	<input type="checkbox"/> BROAD	CONTENTS				EXTRA EXPENSE	\$ 12 MOS ALS
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					BLANKET BLDG & PP	\$
	INLAND MARINE	TYPE OF POLICY					\$
	CAUSES OF LOSS						\$
	NAMED PERILS	POLICY NUMBER					\$
							\$
A	<input checked="" type="checkbox"/> CRIME	TYPE OF POLICY	438271C	10/31/2025	10/31/2026	<input checked="" type="checkbox"/> Emp. Dishonesty	\$ 50,000
						<input checked="" type="checkbox"/> Forgery/Alteration	\$ 50,000
						<input checked="" type="checkbox"/> Deductible	\$ 500
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN		438271C	10/31/2025	10/31/2026	<input checked="" type="checkbox"/> Equip. Breakdown	\$ Included

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
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CERTIFICATE HOLDER	CANCELLATION
	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 