

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

SAMIB

**BEARCRE-03** 

	$\smile$								9/	15/2023
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 lieu of such endorsement(s).										
PRO	DUCER				CONTACT NAME:					
	Intain West Insurance - Glenwood				PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350					
201 Centennial St 4th Floor Glenwood Springs, CO 81601						(A/C, NO; EXT): (370) 545-5111 (A/C, NO):(370) 545-2330 E-MAIL ADDRESS:				
Giei	nwood Springs, CO 81001		ADDRE							
						INSURER(S) AFFORDING COVERAGE				NAIC #
						INSURER A : Allianz Global Corp				35300
INSU	JRED			sistion Inc	INSURER B : Greenwich Insurance Company				22322	
	Bear Creek Lofts Homeowne c/o Jarmik Property Manager		ciation, inc.	INSURER C : Travelers Property Casualty Company of America				25674		
	PO Box 3071		-		INSURER D :					
	Telluride, CO 81435					INSURER E :				
					INSURE	RF:				
CO	VERAGES CERT	<b>FIFIC</b>	CATE	ENUMBER:				<b>REVISION NUMBER:</b>		
	HIS IS TO CERTIFY THAT THE POLICIE									
	NDICATED. NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F								O ALL	THE TERMS,
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP	LIMIT	· c	
	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			(איאיאטט/איאי)	(MM/DD/YYYY)		-	1,000,000
				110000000000		0/00/0000	0/00/0004	EACH OCCURRENCE DAMAGE TO RENTED	\$	100,000
				USC023930230		9/22/2023	9/22/2024	PREMISES (Ea occurrence)	\$	5,000
								MED EXP (Any one person)	\$	,
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			USC023930230		9/22/2023	9/22/2024	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
	X EXCESS LIAB CLAIMS-MADE			PPP7451677		9/22/2023	9/22/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 0							AGGREGATE		
	WORKERS COMPENSATION							PER OTH-	\$	
	AND EMPLOYERS' LIABILITY							STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
-	DÉSCRIPTION OF OPERATIONS below			1100000000000		0/00/0000	0.000.0000.0	E.L. DISEASE - POLICY LIMIT	\$	F 007 000
	Property			USC023930230		9/22/2023		Building		5,625,000
С	Crime			106001125		9/22/2023	9/22/2024	Crime		50,000
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										
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Unit Owners Copy						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
						ACCORDANCE WITH THE POLICY PROVISIONS.				
					1					

ACORD 25 (2016/03)

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Samantha Buck

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: BEARCRE-03

LOC #: 0

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ACORD	ADDITIONAL REM	ARKS SCHEDULE				
AGENCY		NAMED INSURED Bear Creek Lofts Homeowners' Association, Inc.				
Mountain West Insurance - Glenwo	ood	C/o Jarmik Property Management PO Box 3071 Telluride, CO 81435				
POLICY NUMBER						
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM I	S A SCHEDULE TO ACORD FORM,					
FORM NUMBER: ACORD 25 FORM	TITLE: Certificate of Liability Insurance					
Additional Coverage Info: **Guaranteed Replacement Cost See attached Unit Owner Letter fo		,				
Special Causes of Loss						

**Special Causes** Ordinance and Law: Coverage A – Included Coverage B - \$500,000 Coverage C - \$500,000 **Coinsurance: Not applicable to Property** Agreed Amount Endorsement: N/A Inflation Guard: N/A **Equipment Breakdown: Included** Wind/Hail Coverage: Included **Condominium Endorsement: Yes** Separation of Insured: Yes Fidelity Bond: Property Manager & non-compensated employees included: Yes Notice of Cancellation: 10 Days for Non-Payment or Premium Minimum 30 Days All Other Reasons

**Directors & Officers Carrier: Travelers Insurance** Policy #: 106001125 Effective: 3000010470001 Limit: \$1,000,000 Occurrence/Aggregate

**Difference in Conditions or Flood Carrier: Atlantic Specialty** Policy #: 3000010470001 Effective: 3000010470001 Limit: \$5,000,000 Stop Loss Deductible: \$25,000