

TAMARAH



DATE (MM/DD/YYYY) 9/20/2024

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).			
PRODUCER	CONTACT NAME:		
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601	PHONE (A/C, No, Ext): (970) 945-9111	FAX (A/C, No): (970) 945-2350	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: Allianz Global Corp	35300	
INSURED	INSURER B: Greenwich Insurance Company	22322	
Bear Creek Lofts Homeowners' Association, Inc.	INSURER C: Pinnacol Assurance	41190	
c/o Jarmik Property Management PO Box 3071	INSURER D: Travelers Property Casualty Compan	y of America 25674	
Telluride, CO 81435	INSURER E :		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	BER:	
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 SUBR POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 Α Χ **COMMERCIAL GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 9/22/2024 9/22/2025 USC023930230 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 X POLICY PRO-JECT PRODUCTS - COMP/OP AGG \$ OTHER \$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 **AUTOMOBILE LIABILITY** \$ 9/22/2024 9/22/2025 ANY AUTO USC023930230 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) Χ HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 B X **UMBRELLA LIAB OCCUR EACH OCCURRENCE** PPP7451677 9/22/2024 9/22/2025 5,000,000 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE 5,000,000 0 Prods/Comp DED | X | RETENTION \$ X PER STATUTE X OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 4239553 10/1/2024 10/1/2025 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT USC023930230 9/22/2024 9/22/2025 5,625,000 Property Building Crime 106001125 9/22/2024 9/22/2025 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
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.
	AUTHORIZED REPRESENTATIVE
	Up.

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

Mountain West Insurance - Glenwood		NAMED INSURED Bear Creek Lofts Homeowners' Association, Inc. c/o Jarmik Property Management PO Box 3071 Telluride, CO 81435			
			CARRIER	NAIC CODE	
			SEE PAGE 1	SEE P 1	EFFECTIVE DATE: QFF DAGF 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 Information

Replacement Cost Valuation Applies // 6 units // \$10,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss 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: 9/22/24 - 9/22/25

Limit: \$1,000,000 - Occurrence/Aggregate

Difference in Conditions or Flood

Carrier: Atlantic Specialty Policy #: 3000010470002 Effective: 9/22/24 - 9/22/25 Limit: \$5,000,000 Stop Loss

Deductible: \$25,000