

CERTIFICATE OF LIABILITY INSURANCE

DAWNDREAM

DATE (MM/DD/YYYY) 5/8/2023

SANJUAN-10

							U									5	/8/2023
C B R	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.																
lf	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 CONTACT Dawndrea Morse																	
Mountain West Insurance - Glenwood												PHONE (A/C, No, Ext): (970) 384-8225 FAX (A/C, No):					
201 Centennial St 4th Floor Glenwood Springs, CO 81601												E-MAIL ADDRESS: dawndream@mtnwst.com					
											INSURER(S) AFFORDING COVERAGE						NAIC #
																	25674
INSL																	22322
INSC	RED		San	Juar	n Vill	lage	Owners As	soci	atior	Inc	INSURER B : Greenwich Insurance Company						
			c/o	Jarm	ik Pr	ope	erty Mgmt			-	INSURE						
			-	Box							INSURER D :						
			Iell	uride	, CO	814	135				INSURER E :						
											INSURER F :						
			GES							E NUMBER: 1				REVISION NU			
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	INSR TYPE OF INSURANCE					RANC	E		SUBR							гs	
A	X	c	OMMERC	IAL G	ENER	AL L						((EACH OCCURREN	NCE	\$	1,000,000
		1	CLAIMS-MADE X OCCUR			OCCUR			660911X3324		5/10/2023	5/10/2024	DAMAGE TO REN PREMISES (Ea oc	TED	\$	300,000	
														MED EXP (Any on		\$	5,000
																\$	1,000,000
														PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$			2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PECT LOC													PRODUCTS - COMP/OP AGG \$			2,000,000
														PRODUCTS - COM	/IP/OP AGG		
A														COMBINED SING	E LIMIT	\$	
										660911X3324	5/1	5/10/2023	5/10/2024	(Ea accident)		\$	
	ANY AUTO OWNED AUTOS ONLY AUTOS				HEDULED			00031173324		5/10/2025	5/10/2024	BODILY INJURY (I		\$			
	x								BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	^	- A	AUTOS ONLY		^	AUTOS ON	FOS ONLY							(Per accident)			
в	X	+.				X	000110									\$	5,000,000
-	^	-	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE							PPP7460190		5/10/2023	5/10/2024	EACH OCCURRENCE \$			5,000,000
								-				0/10/2020	0/10/2024	AGGREGATE		\$	3,000,000
	WO	_				•	0							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY													STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED?										E.L. EACH ACCID		\$				
	(Mandatory in NH)													E.L. DISEASE - EA	EMPLOYEE	\$	
A	DESCRIPTION OF OPERATIONS below								106002564		E/40/0000	E/40/0004	E.L. DISEASE - POLICY LIMIT			4 000 000	
A		Directors & Officers 106093561										5/10/2023	5/10/2024	Occurrence/Aggregate			1,000,000
A	A Fidelity Section 105581271									105581271		5/10/2023	5/10/2024	Fidelity			25,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Insured's Copy																	
Insu	red	s (Сору														

CERTIFICATE HOLDER	CANCELLATION
Insured's 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
	+ Hourdross Mlonse

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