**LULUCIT-02** 

**SAMIB** 

ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2023

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).

tl						ificate holder in lieu of su				require air ena	OI SCIIICII	i. A 3i	atement on	
PRO	DUCE	R					CONTA NAME:	СТ						
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor								PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350						
		od Springs, CO 81					E-MAIL ADDRESS:							
							INSURER(S) AFFORDING COVERAGE						NAIC #	
							INSURER A: American Alternative Insurance Corpora				ation	19720		
INSU	JRED						INSURER B: Greenwich Insurance Company						22322	
			y Condominium			ion, Inc.	INSURER C:							
		C/O Jarmik P PO Box 3071	roperty Manage	emen	τ		INSURER D:							
		Telluride, CC					INSURE	RE:						
							INSURER F:							
СО	VER	AGES	CER	TIFIC	CATE	NUMBER:				REVISION NUM	MBER:			
IN C	IDIC/ ERTI	ATED. NOTWITHS' FICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER	REME TAIN,	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH  INSR TYPE OF INSURANCE				ADDL	ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF	POLICY EXP	LIMITS				
LTR A	X COMMERCIAL GENERAL LIABILITY			INSD	WVD	TOLIOT NOMBER			(MM/DD/YYYY)	EACH OCCURRENCE \$		1,000,000		
		CLAIMS-MADE	X OCCUR			CAU502744		10/15/2023	10/15/2024	DAMAGE TO RENT PREMISES (Ea occi	ED CE	\$	1,000,000	
		SEATING WINDLE A GOODIN						10/10/2020	10/10/2021	, ,			5,000	
										MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$			1,000,000	
	GEN	CENII ACCRECATE LIMIT ARRUSO SER								GENERAL AGGREC		\$		
	POLICY PRO- POLICY PRO- JECT LOC									PRODUCTS - COMP/OP AGG \$			1,000,000	
		OTHER:								T KOBOOTO - COIVII	1701 400	\$		
Α										COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
						CAU502744		10/15/2023	10/15/2024	BODILY INJURY (Per person) \$				
										BODILY INJURY (Per accident) \$				
	Х									PROPERTY DAMAG (Per accident)	GE	\$		
	AUTOS CINET									, , , , , , , , , , , , , , , , , , , ,		\$		
В	Х	UMBRELLA LIAB	X OCCUR							EACH OCCURREN	CE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE					PPP7451935		10/15/2023	10/15/2024	AGGREGATE		\$	5,000,000	
		DED X RETENTION	ON \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A						E.L. EACH ACCIDE	NT	\$		
				N/A						E.L. DISEASE - EA EMPLOYEE \$		\$		
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT \$		\$			
Α	Crir					CAU502744		10/15/2023 10/15/2024					155,000	
A Property					CAU502744		10/15/2023	10/15/2024	Building			15,620,000		
DES ** <b>S</b> e	CRIPT e No	TION OF OPERATIONS / tes for Additional (	LOCATIONS / VEHIC Coverages**	LES (/	ACORE	0 101, Additional Remarks Schedu	ıle, may k	l attached if mor	e space is requir	red)				
	DTIF	CATE LIOL DED					CAN	SELLATION.						
CE	KIIF	ICATE 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.						
								Samantha Buck						

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED					
Mountain West Insurance - Glenwood		The Lulu City Condominium Association, Inc. c/o Jarmik Property Management PO Box 3071 Telluride. CO 81435					
POLICY NUMBER							
SEE PAGE 1		Tenuriue, CO 01433					
CARRIER NAIC COL							
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: QCC DAGE 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 Info:**

\*\*Guaranteed Replacement Cost Valuation Applies\*\* //39 units // \$5,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss Ordinance and Law: Coverage A - Included Coverage B - \$300,000 Coverage C - \$300,000

Coinsurance: N/A - Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost

Inflation Guard: N/A - Guaranteed Replacement Cost

Equipment Breakdown: Included Wind/Hail Coverage: Included Separation of Insured: Included

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: GIG-Philadelphia Indemnity Policy #: PCAP0408660123 Effective: 10/15/2023 - 10/15/2024

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