

SAMIB DATE (MM/DD/YYYY)

DAVECOM-01

E OF LIABILITY INSURANCE	3/20/2023		
VELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY TH	IE POLICIES		
	945-2350		
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE	NAIC #		
INSURER A : American Alternative Insurance Corporation	19720		
INSURER B :			
, Inc. INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			
REVISION NUMBER:			
	AMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HO VELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY TH OT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AU TE HOLDER. INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or b I conditions of the policy, certain policies may require an endorsement. A s der in lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9111 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : American Alternative Insurance Corporation INSURER B : INSURER D : INSURER D : INSURER F :		

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 SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR		CAU511003	5/24/2022	5/24/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO		CAU511003	5/24/2022	5/24/2023	BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?	N/ A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
Α	Property		CAU511003	5/24/2022	5/24/2023	Building	4,795,875
Α	Crime		CAU511003	5/24/2022	5/24/2023	Crime	150,000

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 Samantha Buck

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AGENCY CUSTOMER ID: DAVECOM-01

LOC #: 1

ACORD [®] ADDITIONA		ARKS SCHEDULE	Page	1	of	1	
AGENCY Mountain West Insurance - Glenwood POLICY NUMBER SEE PAGE 1		NAMED INSURED Daved Commercial Condominiums Association, Inc. Jarmik Property Mgmt. PO Box 3071 Telluride, CO 81435					
CARRIER	NAIC CODE						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC	ORD FORM,						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liab	ility Insurance						
Additional Coverage Info: **Guaranteed Replacement Cost Coverage Applies** Ordinance or Law Coverage A: Included Coverage B: \$300,000 Coverage C: \$300,000 Coinsurance: Waived Inflation Guard: N/A Separation of Insured: CAU1000 Equipment Breakdown: Included Directors & Officers: \$1,000,000 \$0 deductible - PM in Nat'l Flood Policy Policy #: 8702644578 Limit: \$500,000 Eff: 3/15/23-24 Cancellation Policy: 10-Days For Non-Payment of Premium 30-Days for Any Other Reason		ctible/6 Units					