JOES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/12/2022

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).

| PRODUCER | CONTACT Taylor Westley, CISR, CIC | | | |
|---|---|----------|--|--|
| Mountain West Insurance - Glenwood 201 Centennial St 4th Floor | PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 9 | 945-2350 | | |
| Glenwood Springs, CO 81601 | E-MAIL ADDRESS: taylorw@mtnwst.com | | | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # | | |
| | INSURER A : Allianz Global Corp | 35300 | | |
| INSURED | INSURER B: Greenwich Insurance Company | 22322 | | |
| Charter Ridge Association, Inc | INSURER C: The PMA Insurance Companies | | | |
| PO Box 2913 | INSURER D: Travelers Property Casualty Company of America | 25674 | | |
| Breckenridge, CO 80424 | INSURER E: | | | |
| | INSURER F: | | | |
| | | | | |

COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER:

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 INSD | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
|-------------|---|---|---------------------------------|------|---------------|----------------------------|----------------------------|--|-----------|------------------------|
| Α | Х | CLAIMS-MADE X OCCUR | | | USC021141220 | 8/26/2022 | 8/26/2023 | EACH OCCURRENCE DAMAGE TO RENTED | \$ | 1,000,000 1,000,000 |
| | | OLANIO-WADE X COCON | | | 030021141220 | 0/20/2022 | 0/20/2023 | PREMISES (Ea occurrence) MED EXP (Any one person) | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | X | POLICY PRO- JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | 2,000,000 |
| Α | AUT | OTHER: OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | | ANY AUTO OWNED SCHEDULED | | | USC021141220 | 8/26/2022 | 8/26/2023 | BODILY INJURY (Per person) | \$ | |
| | | AUTOS ONLY AUTOS | | | | | | BODILY INJURY (Per accident) | \$ | |
| | X | AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| В | | UMBRELLA LIAB X OCCUR | | | | | | EACH OCCURRENCE | \$ | 10,000,000 |
| | X | EXCESS LIAB CLAIMS-MADE | | | PPP7474992 | 8/26/2022 | 8/26/2023 | AGGREGATE | \$ | 10,000,000 |
| | | DED X RETENTION \$ 0 | | | | | | | \$ | |
| С | WOF | KERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | X PER X OTH- | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) | | RIETOR/PARTNER/EXECUTIVE 1/ N | | 8/26/2022 | 8/26/2023 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | | | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| Α | Pro | perty | | | USC021141220 | 8/26/2022 | 8/26/2023 | Building | | 17,000,000 |
| D | Crir | ne | | | 105955895 | 8/26/2022 | 8/26/2023 | Fidelity | | 125,000 |
| | | | | | | | | | | |

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 INFORMATIONAL ONLY | 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 |

ACORD 25 (2016/03)

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JOES

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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|------|---|----|-----|

| AGENCY | NAMED INSURED | |
|------------------------------------|---|----------------------------|
| Mountain West Insurance - Glenwood | Charter Ridge Association, Inc PO Box 2913 Breckenridge, CO 80424 | |
| 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 IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage Info

Replacement Cost Coverage Applies

11 Units/\$5,000 Deductible

Ordinance and Law:

Coverage A - \$8,500,000 Coverage B - \$1,000,000 Coverage C - \$1,000,000

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A Inflation Guard: Yes / Form 250000

Equipment Breakdown: Included / Form 250048 Wind/Hail Coverage: Included / Form 250000 Condominium Endorsement: Yes / Form 250059

Separation of Insured: Yes / Included in GL form CG0001

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Directors & Officers Liability: Travelers: Policy #105985596: Effective: 08/26/2022 - 08/26/2023

Limit: \$1,000,000