



CHARRID-01

PATRICIAT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2024

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).

| | | |
|--|---|----------------|
| PRODUCER Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601 | CONTACT NAME: Patricia Trinidad | |
| | PHONE (A/C, No, Ext): (970) 824-1365 | FAX (A/C, No): |
| | E-MAIL ADDRESS: patriciat@mtnwst.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Charter Ridge Association, Inc PO Box 2913 Breckenridge, CO 80424 | INSURER A : American Southern Insurance Company | |
| | INSURER B : Greenwich Insurance Company | |
| | INSURER C : The PMA Insurance Companies | |
| | INSURER D : Travelers Property Casualty Company of America | |
| | 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 WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | CAUE6036912 | 8/26/2024 | 8/26/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE \$ 1,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CAUE6036912 | 8/26/2024 | 8/26/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | PPP7450446 | 8/26/2024 | 8/26/2025 | EACH OCCURRENCE \$ 15,000,000 |
| | | | | | | | AGGREGATE \$ 15,000,000 |
| | | | | | | | \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below | | | 202410921155Y | 8/26/2024 | 8/26/2025 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | | | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Property | | | CAUE6036912 | 8/26/2024 | 8/26/2025 | Building 19,950,000 |
| D | Crime | | | 105955895 | 8/26/2024 | 8/26/2025 | 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

Patricia Trinidad



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| | | | |
|---|-----------------------------|---|--|
| AGENCY Mountain West Insurance - Glenwood | | NAMED INSURED Charter Ridge Association, Inc PO Box 2913 Breckenridge, CO 80424 | |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE 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

****See Notes for Additional Coverages****

****Guaranteed Replacement Cost Coverage Applies** 11 Units/ \$5,000 Deductible**
See attached Unit Owner Letter for how property coverage applies.

Special Causes of Loss**Ordinance and Law:****Coverage A - \$19,950,000****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****Directors & Officers Liability****Carrier: Travelers****Policy #: 105985596****Effective: 08/26/2024 - 08/26/2025****Limit: \$1,000,000 Occurrence / Aggregate****Deductible: \$2,500****Notice of Cancellation: 10 Days for Non-Payment or Premium**
Minimum 30 Days All Other Reasons