

ENCLASS-01

DAWNDREAM

DATE (MM/DD/YYYY) 11/06/2018

CERTIFICATE OF LIABILITY INSURANCE

									,	00/2010	
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).											
	DUCER				CONTACT Dawndrea Morse						
Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial						PHONE FAX					
Services, ĽLC PO Box 1576						(A/C, No, Ext): E-Mail ADDREss: dmorse@neil-garing.com					
	wood Springs, CO 81602				INSURER(S) AFFORDING COVERAGE NAIC #						
							35300				
INSURED						INSURER B : Fireman's Fund					
						INSURER C : The PMA Insurance Group					
	The Enclave Association, In PO Box 5441				INSURER D: Travelers Property Casualty Co of America				19046		
	Snowmass Village, CO 8161	5									
CO	/ERAGES CER	TIFIC		ENUMBER: 1				REVISION NUMBER:			
					HAVE B	EEN ISSUED			IE POL	LICY PERIOD	
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			
Α	X COMMERCIAL GENERAL LIABILITY					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			MZG80992033		10/31/2018	10/31/2019	DAMAGE TO RENTED	\$	1,000,000	
									\$	10,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO- JECT LOC								\$	2,000,000	
Α	OTHER: AUTOMOBILE LIABILITY						10/31/2019	COMBINED SINGLE LIMIT	\$ \$	1,000,000	
	ANY AUTO			MZG80992033		10/31/2018			<u>⊅</u> \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS			11200032000		10/01/2010	10/01/2013				
	X HIRED X AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	₽ \$		
									\$		
В	X UMBRELLA LIAB X OCCUR								\$	25,000,000	
	EXCESS LIAB CLAIMS-MADE			G71333516	10/31/2018	10/31/2019		\$			
	DED X RETENTION \$ 0							Aggregate	\$	25,000,000	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					10/31/2018	10/31/2019	X PER X OTH- STATUTE X ER	•		
		N / A	20	2018000840983Y	10/				\$	500,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		500,000	
Α	Property Section			MZG80992033		10/31/2018	10/31/2019			29,800,479	
D	Fidelity Section			106828046		10/31/2018	10/31/2019	Fidelity		750,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **See Notes for Additional Coverages**										
See NOLES TOF AUDILIONAL COVERAGES											
CERTIFICATE HOLDER						CANCELLATION					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
	Unit Owners Copy	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
					AUTHORIZED REPRESENTATIVE						

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: ENCLASS-01

LOC #: 0

DAWNDREAM

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AGENCY	NAMED INSURED								
Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Serv	The Enclave Association, Inc. PO Box 5441								
POLICY NUMBER		Snowmass Village, CO 81615							
SEE PAGE 1									
	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									
Replacement Cost Valuation Applies 40 Residential	Units / \$5,0	00 Deductible							
Master Limit \$96,109,774.									
Ordinance and Law:									
Coverage A - 50% of Building Limit	Coverage A - 50% of Building Limit								
Coverage B - \$1,000,000 Coverage C - \$1,000,000									
Coverage C - \$1,000,000 Coinsurance: Waived per Val-U-Gard II Endorsement									
	Agreed Amount Endorsement: N/A - Val-U-Gard II Endorsement								
Inflation Guard: N/A - Val-U-Gard II Endorsement									
Equipment Breakdown: Included Wind/Hail Coverage: Included									
Condominium Endorsement: 140675									
Separation of Insured: Included in GL form CG0001									
Fidelity Bond: Property Manager & non-compensated e	mployees i	ncluded: Yes							
Certified Acts of Terrorism: Included									
Commercial Difference in Conditions - International Mar	rine Underv	writers -							
Policy # 7900161350003 - Effective 10/31/18-19 - Limit: \$5,000,000									
Directors and Officers - United States Liability - Policy # CAP1006686K - Limit: \$1,000,000									
Additional Defense Limit: \$1,000,000 / \$1,000 Deductible									