





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mountain West Insurance - Glenwood</b>		NAMED INSURED <b>Homestead At Snowmass Association c/o Vacasa, LLC PO Box 6077 Snowmass Village, CO 81615</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## 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\*\* 14 Units, 4 Buildings / \$5,000 Deductible**

## 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 and Officers - Travelers Insurance

Policy # 106036725

Effective: 01/01/24-25

Limit: \$1,000,000

Ded: \$2,500