							OV	VLCR-2		<u>OP ID: D1</u>					
A	CORD [®]							о г	DATE	(MM/DD/YYYY)					
				FICATE OF LIA	ABIL		URAN		12	2/28/2017					
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.															
If	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			-945-9111	CONTAC NAME:	T	•								
Neil	-Garing Insurance				NAME: FAX 970-945-9111 FAX 6/2, No. 970-945-2350 6/2, No. 9/2, No.										
	Box 1576 hwood Springs, CO 81602				E-MAIL ADDRESS: assncert@neil-garing.com										
	n Wilkinson														
					INSURER(S) AFFORDING COVERAGE										
	RED Owl Creek Homes				INSUREI										
	Association, Inc				INSURER B : Greenwich Insurance Co.										
	PO Box 6683 Snowmass Village, CO 81615									25682					
	chowinges vinage, ee erere				INSURER D : Travelers INSURER E : International Marine UW										
		TIEIC		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		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs						
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000					
	CLAIMS-MADE X OCCUR		E	ENP0168582		01/01/2018	01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000					
D	X D&OL Liability		1	106222492		01/01/2018	01/01/2019	MED EXP (Any one person)	\$	10,000					
]							PERSONAL & ADV INJURY	\$	1,000,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000					
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000					
L.	OTHER:								\$	1,000,000					
A	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	INCLUDED					
			E	ENP0168582		01/01/2018	01/01/2019	BODILY INJURY (Per person)	\$						
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$						
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$						
в									\$	25,000,000					
	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE			PPP7440323		01/01/2018	01/01/2019	EACH OCCURRENCE	\$	25,000,000					
		- 1	1	1111440323		01/01/2010	01/01/2013	AGGREGATE	\$	23,000,000					
c		'							\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			2018010843979Y		01/01/2018	01/01/2019	X PER X OTH- STATUTE X OTH-		500,000					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A	ſ	20100100433731		01/01/2010	01/01/2013	E.L. EACH ACCIDENT	\$						
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE		500,000 500,000					
	DÉSCRIPTION OF OPERATIONS below Property Section			ENP0168582		01/01/2018	01/01/2019	E.L. DISEASE - POLICY LIMIT	\$						
	Fidelity Section			105862911			01/01/2019			72,032,567 1,100,000					
10				100002011		01/01/2010	01/01/2013	lidenty		1,100,000					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **See Notes for Additional Coverages**															
1															
CE	RTIFICATE HOLDER				CANC	ELLATION									
				UNITO-1											
1				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
1	Unit Owners Copy														
1					AUTHORIZED REPRESENTATIVE										
and and and															
1			DAwardraws Mlonse												

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NOTEPAD	INSURED'S NAME	Owl Creek Homes		OWLCR-2 OP ID: D1	Date	PAGE 2 12/28/2017
Replacement Cost V		olies, 31 Units, De	eductible: \$1	10,000		
Special Causes of L Difference in Condi Limit: \$5,000,000 w	tions:Interr		1/1/18-19 #7	7900165070003		
Ordinance and Law:						
Coverage A - Includ						
Coverage B - \$1,000						
Coverage C - \$1,000						
Coinsurance: Waived						
Agreed Amount Endor		215 - Cincipak Expa	anded Coverag	ge Plus		
Inflation Guard: Ye	-					
Equipment Breakdown						
Wind/Hail Coverage:						
Condominium Endorse			Assoc Proper	rty Coverage		
Separation of Insur						
Fidelity Bond: Prop						
Minimum 10 days wri	tten notice	to the HOA for non	n-pay and 30-	-45 days for		
any other reason						