



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2019

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).

<b>PRODUCER</b> Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC PO Box 1576 Glenwood Springs, CO 81602	<b>CONTACT NAME:</b> Dawndrea Morse <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> dmorse@neil-garing.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A :</b> Cincinnati Insurance Company	<b>NAIC #</b> 10677
<b>INSURER B :</b> Greenwich Insurance Company	
<b>INSURER C :</b> The PMA Insurance Companies	
<b>INSURER D :</b> Travelers Property Casualty Company of America	<b>25674</b>
<b>INSURER E :</b>	
<b>INSURER F :</b>	

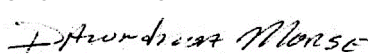
<b>INSURED</b> Owl Creek Homes Association, Inc c/o Barton Craig PO Box 6683 Snowmass Village, CO 81615	<b>INSURER A :</b> Cincinnati Insurance Company	<b>NAIC #</b> 10677
	<b>INSURER B :</b> Greenwich Insurance Company	
	<b>INSURER C :</b> The PMA Insurance Companies	
	<b>INSURER D :</b> Travelers Property Casualty Company of America	<b>25674</b>
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ENP0168582	1/1/2019	1/1/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
		PRODUCTS - COMPI/OP AGG	\$ 2,000,000					
							\$	
A	<input type="checkbox"/> 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			ENP0168582	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							\$	
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7440323	1/1/2019	1/1/2020	EACH OCCURRENCE	\$ 25,000,000
							AGGREGATE	\$
							<b>Aggregate</b>	\$ 25,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			2019010843979Y	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Property Section			ENP0168582	1/1/2019	1/1/2020	Building	74,194,000
D	Fidelity Section			106222492	1/1/2019	1/1/2020	Fidelity	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\*\*

<b>CERTIFICATE HOLDER</b>  Unit Owners Copy	<b>CANCELLATION</b>  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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC		NAMED INSURED Owl Creek Homes Association, Inc c/o Barton Craig PO Box 6683 Snowmass Village, CO 81615	
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**

\*Replacement Cost Valuation Applies, 31 Units, Deductible: \$10,000\*

**Ordinance and Law:**

Coverage A - Included

Coverage B - \$1,000,000

Coverage C - \$1,000,000

Coinsurance: Waived per FCP215 - Cincipak Expanded Coverage Plus

Agreed Amount Endorsement: FCP215 - Cincipak Expanded Coverage Plus

Inflation Guard: Yes

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Condominium Endorsement: FCP208 - Cincipak Condo Assoc Property Coverage Separation of Insured: Included in GL form GA101

Fidelity Bond: Property Manager & non-compensated employees included: Yes Minimum 10 days written notice to the HOA for non-pay and 30-45 days for any other reason.

Certified Acts of Terrorism: Included

Directors and Officers - Travelers - Policy # 106222492 - Limit: \$1,000,000

Additional Defense Limit: \$1,000,000 / \$1,000 Deductible

Commercial Difference in Conditions: International Marine Underwriters

Effective 01/01/19-20- Policy # 7900165070004-- Limit: \$5,000,000