CHAMATW-01

SAMIB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/24/2023

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

th	nis certificate does not confer rights to	o the	cert	ificate holder in lieu of su	ch enc	lorsement(s)	•				
PRO	DUCER				CONTA NAME:	СТ					
Mountain West Insurance - Glenwood					PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350						
	Centennial St 4th Floor nwood Springs, CO 81601				E-MAIL ADDRE	ss.		((((((((((((((((((((,		
	3.,				ADDICE		URFR(S) AFFOR	RDING COVERAGE		NAIC #	
					INCLIDE	RA: Allianz				35300	
INSURED						INSURER B: The PMA Insurance Companies					
Chamonix At Woodrun Condominium Association, Inc						INSURER C: Travelers Property Casualty Company of America 25674					
	PO Box 6286	aomi	nium	Association, inc	INSURER D:						
	Snowmass Village, CO 8161	5									
				INSURER E :							
	V=2.4.0=0				INSURE	RF:		DEL//01011 11/110ED			
				E NUMBER: 2	141/5 5			REVISION NUMBER:	T. I.E. D.O.		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	TS		
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD			(WINDER TITT)	(WIW/DD/1111)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE OCCUR			USC028557230		10/31/2023	10/31/2024	DAMAGE TO RENTED	\$	100,000	
				000020001200		10,01,2020		PREMISES (Ea occurrence)	\$	10,000	
								MED EXP (Any one person)		1,000,000	
								PERSONAL & ADV INJURY	\$	2.000.000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG	\$		
Α	OTHER:			UCC000557000		40/24/2022	40/24/2024	COMBINED SINGLE LIMIT	\$	1,000,000	
^	AUTOMOBILE LIABILITY							(Ea accident)	\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			USC028557230		10/31/2023	10/31/2024	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident PROPERTY DAMAGE			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
_	DED RETENTION \$							Y PER Y OTH-	\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		00000400040001/		11/1/2023	11/1/2024	X PER STATUTE X OTH-		500.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		20	2023010824938Y				E.L. EACH ACCIDENT	\$	500,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYE	\$	500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
Α	Property			USC009679230		11/1/2023	11/1/2024	Building		26,650,398	
С	Crime			105489544		10/31/2023	10/31/2024	Fidelity		750,000	
DES ** S e	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC e Notes for Additional Coverages**	LES (A	ACORE	│ D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)	1		
CE	RTIFICATE HOLDER				CANO	CELLATION					
Unit Owners Copy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					_	RIZED REPRESE aman H		M			

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Chamonix At Woodrun Condominium Association, Inc PO Box 6286 Snowmass Village, CO 81615				
Mountain West Insurance - Glenwood						
POLICY NUMBER						
SEE PAGE 1						
CARRIER	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 Info:

Replacement Cost Valuation Applies 30 Units / \$25,000 Deductible

Commercial Package Master Policy Building Limit for All Locations: \$132,844,139

See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss

Ordinance and Law:

Coverage A - 50% of Building Limit

Coverage B - \$1,000,000 Coverage C - \$1,000,000

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A

Inflation Guard: N/A

Equipment Breakdown: Included Wind/Hail Coverage: Included Condominium Endorsement: Yes Separation of Insured: Yes

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

Commercial Difference in Conditions - Atlantic Specialty Insurance Company

Policy # 3000004200002

Effective 10/31/2023 - 10/31/2024

Flood Limit: \$5,000,000 Earthquake Limit: \$5,000,000

Directors and Officers - Philadelphia / GIG Insurance

Policy #PCAP0367000222 Effective 10/31/2023 - 10/31/2024

Limit: \$2,000,000 Deductible: \$1,000

Excess Policies:

Layer 1 - Ace Property & Casualty Insurance Co - \$10,000,000

Layer 2 - Markel Insurance Company - \$15,000,000

Layer 3 - StarStone Specialty Insurance Co - \$5,000,000

Layer 4 - Allied World Assurance Company - \$10,000,000

Layer 5 - Navigators Insurance Co - \$15,000,000