

DAWNDREAM

ACORD

CERTIFICATE OF LIABILITY INSURANCE

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

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).

uch endorsement(s).			
CONTACT Dawndrea Morse			
PHONE FAX (A/C, No, Ext): (A/C, No):			
INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURER A: Allianz Global Corp	35300		
INSURER B: Fireman's Fund			
INSURER C: The PMA Insurance Group			
INSURER D: Travelers Property Casualty Co of America	19046		
INSURER E:			
INSURER F:			
REVISION NUMBER:			
ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT	TO WHICH THIS		
	(A/C, No, Ext): E-MAIL ADDRESS: dmorse@neil-garing.com INSURER(S) AFFORDING COVERAGE INSURER A : Allianz Global Corp INSURER B : Fireman's Fund INSURER C : The PMA Insurance Group INSURER D : Travelers Property Casualty Co of America INSURER E : INSURER F :		

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY	INOD			(MINI/DD/1111)	(MIMI/DD/11111)	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			MZG80992033	10/31/2018	10/31/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO			MZG80992033	10/31/2018	10/31/2019	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	25,000,000
		EXCESS LIAB CLAIMS-MADE			G71333516	10/31/2018	10/31/2019	AGGREGATE	\$	
		DED X RETENTION \$ 0						Aggregate	\$	25,000,000
С	WOR	KERS COMPENSATION EMPLOYERS' LIABILITY						X PER X OTH- STATUTE X OTH-		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A		2018010824938Y	11/01/2018	11/01/2019	E.L. EACH ACCIDENT	\$	500,000
	(Man	datory in NH)	N, A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
Α	Pro	perty Section			MZG80992033	10/31/2018	10/31/2019	Building		25,874,173
D	Fide	elity Section			105489544	10/31/2018	10/31/2019	Fidelity		750,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Notes for Additional Coverages

CERTIFICATE HOLDER	CANCELLATION
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.
	AUTHORIZED REPRESENTATIVE
	+ Hurdress Monse

ACORD 25 (2016/03)

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LOC #: 0



ADDITIONAL REMARKS SCHEDULE

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AGENCY Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Se	rvices, LLC	NAMED INSURED Chamonix At Woodrun Condominium Association, Inc. PO Box 6286 Snowmass Village, CO 81615
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

Replacement Cost Valuation Applies 30 Units / \$5,000 Deductible Master Limit \$96,109,774.

Ordinance and Law:

Coverage A - 50% of Building Limit

Coverage B - \$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 employees included: Yes

Certified Acts of Terrorism: Included

Commercial Difference in Conditions - International Marine Underwriters -

Policy # 7900140780005 - Effective 10/31/18-19 - Limit: \$5,000,000

Directors and Officers - United States Liability - Policy # CAP1000472L -

Limit: \$1,000,000

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