



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/2/2024

**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> Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 945-9111</b> FAX (A/C, No): <b>(970) 945-2350</b> E-MAIL ADDRESS: _____ _____
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A : Allianz Global Corp</b> <span style="float: right;"><b>35300</b></span>	
<b>INSURER B : Greenwich Insurance Company</b> <span style="float: right;"><b>22322</b></span>	
<b>INSURER C : The PMA Insurance Companies</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC OTHER: _____			<b>USC010053230</b>	<b>12/1/2023</b>	<b>12/1/2024</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b> _____ \$ _____
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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			<b>USC010053230</b>	<b>12/1/2023</b>	<b>12/1/2024</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
<b>B</b>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			<b>PPP7452381</b>	<b>12/1/2023</b>	<b>12/1/2024</b>	EACH OCCURRENCE \$ <b>25,000,000</b> AGGREGATE \$ <b>25,000,000</b> _____ \$ _____
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>2023011363084Y</b>	<b>12/1/2023</b>	<b>12/1/2024</b>	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>A</b>	<b>Property</b>			<b>USC010053230</b>	<b>12/1/2023</b>	<b>12/1/2024</b>	<b>Building</b> <span style="float: right;"><b>68,267,000</b></span>
<b>A</b>	<b>Crime</b>			<b>USC010053230</b>	<b>12/1/2023</b>	<b>12/1/2024</b>	<b>Fidelity</b> <span style="float: right;"><b>585,000</b></span>

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>  <p style="text-align: center;">Unit Owners Copy</p>	<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 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mountain West Insurance - Glenwood</b>		NAMED INSURED <b>Snowmass Mountain Condominium Association, Inc. c/o Mighty Mouse Management PO Box 5124 Snowmass Village, CO 81615</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 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:

\*Replacement Cost Coverage Applies\* - 60 Units - \$25,000 Deductible

## 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: Check Dec Page or Quote

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

Difference in Conditions Policy: Intact Insurance

Policy #: 300000460002

Eff 12/1/2023 - 12/01/2024

Earthquake/Flood Limits: \$5,000,000

Deductible: \$25,000

Directors & Officers Liability Policy: Travelers Insurance

Policy #: 106367133

Eff 12/1/2023 - 12/01/2024

Limit: \$1,000,000



## Mountain West Insurance & Financial Services, LLC

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601  
(800) 390-0559 toll-free  
(970) 945-9111 office  
(970) 945-2350 fax  
www.mtnwst.com

11/21/2023

RE: Snowmass Mountain Condominium Association, Inc.

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Snowmass Mountain Condominium Association, Inc., and we look forward to servicing the Association's insurance needs for this coming year. We believe we bring the best value to our Association clients and that is a combination of comprehensive coverage at very competitive premiums.

The Association's Master Insurance Policy has been written to comply with the insurance requirements outlined in the Association Declarations.

### The Association is to insure the following:

- ⇒ **Common Elements (buildings, structures and common areas)**
- ⇒ **Limited Common Elements (outdoor decks, patios, etc.)**
- ⇒ **Property included in units which were initially installed in accordance with the association's original plans and specifications**

### AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:

#### Owners are responsible for insurance on the following:

- ⇒ **Any building improvements & upgrades installed in the units by previous or current unit owners**  
*(Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws?)*
- ⇒ **Contents – Furniture, Furnishings and other Personal Property**  
*(Do I have replacement cost coverage or actual cash value?)*
- ⇒ **Loss of Rental Income / Loss of Use / Loss of Assessments**  
*(What limits are available? Does the loss assessment coverage apply towards an association deductible?)*
- ⇒ **Personal Liability**  
*(Does my policy have rental restrictions? Does my umbrella extend to this policy?)*

Please refer to the insurance section of the Association Declarations for further information regarding insurance requirements for both the Association and the individual Unit Owner.

Please send all insurance certificate requests you receive from your lender to [assncert@mtnwst.com](mailto:assncert@mtnwst.com)

If you have any questions or need any further clarification, please give me a call.

Sincerely,

## Meghan Wilson

Meghan Wilson, CIC

**Colorado Office Locations:** | Alamosa | Bayfield | Craig | Durango | Edwards | Englewood | Frisco | Glenwood Springs |  
| Granby | Grand Junction | Gunnison | Kremmling | Montrose | Pagosa Springs | Steamboat Springs | Westminster |  
**New Mexico Office Location:** | Farmington |



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### Association Residential Unit Owner's Insurance Coverage Fact Sheet (Questions to ask your individual insurance agent)

**Interior Building coverage** - The unit owner's policy can cover the portions of the unit interior which the owner is responsible to insure, per the declarations and by-laws.

*Q. Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws of the association?*

**Personal Property coverage** - The policy covers the personal belongings at the location of the unit, such as furniture, dishes, clothing, etc.

*Q. Do I have replacement cost coverage or actual cash value?*

**Loss of Rental Income/or Loss of Use** - In the event of a covered loss and the unit is found not fit to live in, the policy will provide coverage for additional living expenses (primary or secondary home) or loss of rental income (rental property) until the unit is repaired.

*Q. What limits are available?*

**Loss Assessment coverage** - The policy will pay for your share of a loss assessment charged against unit owners as a result of a loss to the property owned by the association or for a bodily injury or property damage liability claim against the association. Loss Assessment coverage is subject to coverage and exclusions in the unit owner's policy. The policy may also provide some coverage towards the association deductible.

*Q. What limits are available? Does loss assessment coverage apply towards an association deductible?*

**Personal Liability** - The policy provides liability coverage in the unit. Coverage would apply if the unit owner is found to be legally liable for a claim of bodily injury or property damage. Most unit owner's policies can provide limits up to \$500,000.

*Q. Does my Umbrella policy extend to this policy? Does my policy have any rental restrictions?*