



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/6/2024

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).


PRODUCER Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601	CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9111		FAX (A/C, No): (970) 945-2350
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Allianz Global Corp		35300
INSURED Snowmass Mountain Condominium Association, Inc. c/o Mighty Mouse Management PO Box 5124 Snowmass Village, CO 81615	INSURER B : Midvale Indemnity Company		27138
	INSURER C : The PMA Insurance Companies		
	INSURER D : Travelers Property Casualty Company of America		25674
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **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	X	COMMERCIAL GENERAL LIABILITY			USC010053240	12/1/2024	12/1/2025	EACH OCCURRENCE	\$ 1,000,000		
								CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
									MED EXP (Any one person)	\$ 5,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:								PERSONAL & ADV INJURY	\$ 1,000,000		
								GENERAL AGGREGATE	\$ 2,000,000		
								PRODUCTS - COMP/OP AGG	\$ 2,000,000		
									\$		
A		AUTOMOBILE LIABILITY			USC010053240	12/1/2024	12/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
								ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS		
								HIRE D AUTOS ONLY <input checked="" type="checkbox"/>	NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>	BODILY INJURY (Per person)	\$
										BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$		
									\$		
B	X	UMBRELLA LIAB			PRP-229824000-01-3103180	12/1/2024	12/1/2025	EACH OCCURRENCE	\$ 10,000,000		
								OCCUR	AGGREGATE	\$ 10,000,000	
								EXCESS LIAB	CLAIMS-MADE	Prods/Agg	\$ 10,000,000
DED <input checked="" type="checkbox"/> RETENTION \$ 0											
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	2024011363084Y	12/1/2024	12/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER			
								ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	E.L. EACH ACCIDENT	\$ 1,000,000
								If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
										E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		Property			USC010053240	12/1/2024	12/1/2025	Building	68,267,000		
D		Crime			106367133	12/1/2024	12/1/2025	Fidelity	585,000		

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

Replacement Cost Coverage Applies - 60 Units - \$50,000 Deductible // \$25K Per Unit ded on Water Related Losses 1,4,5,6

Ordinance and Law:

Coverage A - 50 % of Building Limit - \$34,133,500
Coverage B - \$1,000,000
Coverage C - \$3,000,000

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 #: 300000460003

Eff 12/1/2024 - 12/01/2025

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

Deductible: \$50,000

Directors & Officers Liability Policy: Travelers Insurance

Policy #: 106367133

Eff 12/1/2024 - 12/01/2025

Limit: \$1,000,000

Excess Liability 2nd Layer - Navigators Insurance

Policy #: NY23EXCZ00L07IV

Eff 12/1/2024 - 12/01/2025

Limit: \$15,000,000