

TAMARAH



DATE (MM/DD/YYYY) 7/19/2024

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.

li ti	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the cert	terms and conditions of ificate holder in lieu of su	ıch enc	lorsement(s)	policies may	require an endorsemen	t. A st	atement on	
PRODUCER Mountain West Insurance - Glenwood						CONTACT NAME: PHONE (070) 045 0111					
						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 ADDRESS:						
							SURER(S) AFFOR	RDING COVERAGE		NAIC #	
					INSURE			ive Insurance Corpora	ation	19720	
INSURED Mountain Sage Townhomes Association, Inc						INSURER B : Continental Casualty Company 20443					
						INSURER C:					
c/o First Choice Management					INSURER D :						
	PO Box 2572 Glenwood Springs, CO 8160)2			INSURER E :						
Cicinious opiniga, CO 01002					INSURER F:						
COVERAGES CERTIF				NUMBER: 1	REVISION NUMBER:						
T II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	S O EQUI PER POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICE REDUCED BY	TO THE INSUF CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR		INSD	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			PENDING		7/23/2024	7/23/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	X POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$	1,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	4 000 000	
Α	AUTOMOBILE LIABILITY							(Ea accident)	\$	1,000,000	
	ANY AUTO			PENDING		7/23/2024	7/23/2025	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE			PENDING		7/23/2024	7/23/2025	AGGREGATE	\$	5,000,000	
	DED X RETENTION \$ 0							Prods/Agg	\$	5,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)	,						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
Α	Property			PENDING		7/23/2024		Building		14,815,000	
В	Directors & Officers			768616113		7/23/2024	7/23/2025	Claim/Aggregate		1,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)			
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.					
					AUTHO	RIZED REPRESE	NIAIIVĒ				

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Mountain Sage Townhomes Association, Inc c/o First Choice Management PO Box 2572 Glenwood Springs, CO 81602			
Mountain West Insurance - Glenwood					
POLICY NUMBER					
SEE PAGE 1					
CARRIER	NAIC CODE				
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SFF 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 Information

Guaranteed Replacement Cost Valuation Applies // 26 units // \$5,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss Ordinance and Law: Coverage A - Included Coverage B - \$1,000,000 Coverage C - \$1,000,000

Coinsurance: N/A - Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost

Inflation Guard: N/A - Guaranteed Replacement Cost

Equipment Breakdown: Included Wind/Hail Coverage: Included Separation of Insured: Included

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