

## TAMARAH

**CERTIFICATE OF LIABILITY INSURANCE** 

DATE (MM/DD/YYYY) 8/20/2024

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).

tl	nis certificate does not confer rights to	the	certi	ificate holder in lieu of su	ıch enc	lorsement(s)	·	require an endor	301110111		atement on	
	DUCER	CONTACT NAME:										
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor						PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350						
Gle	nwood Springs, CO 81601	E-MAIL ADDRESS:										
								RDING COVERAGE			NAIC #	
					INSURER A: American Alternative Insurance Corporation					ation		
INSU	The Peaks at Aspen Glen Ho	INSURER B : Greenwich Insurance Company 22322										
	c/o Silver Mountain Properti		wiiei	is Association, inc.	INSURER C: The PMA Insurance Companies							
	326 Hwy 133, Suite #120					INSURER D:						
	Carbondale, CO 81623				INSURE							
				INSURER F:								
				E NUMBER:				REVISION NUME				
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REME ΓΑΙΝ, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH BED HEREIN IS SUB	RESPE	CT TO	WHICH THIS	
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)			LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			CAU5013775		9/5/2024	9/5/2025	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	\$	1,000,000	
								MED EXP (Any one per	rson)	\$	5,000	
								PERSONAL & ADV INJ	JURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	TE	\$	4 000 000	
	Y POLICY PRO- OTHER:							PRODUCTS - COMP/C	OP AGG	\$	1,000,000	
Α	AUTOMOBILE LIABILITY		CA				9/5/2025	COMBINED SINGLE LI (Ea accident)	IMIT	\$	1,000,000	
	ANY AUTO			CAU5013775	AU5013775			BODILY INJURY (Per p	nerson)	\$		
	OWNED SCHEDULED AUTOS ONLY					9/5/2024		BODILY INJURY (Per a		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$		
	ACTOC CINE!							,		\$		
В	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$	10,000,000	
	X EXCESS LIAB CLAIMS-MADE			PPP7466168		9/5/2024	9/5/2025	AGGREGATE		\$	10,000,000	
	DED X RETENTION\$ 0							Products Agg		\$	10,000,000	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						9/5/2025	X PER X	OTH- ER			
		N/A		2024011104512Y		9/5/2024		E.L. EACH ACCIDENT		\$	1,000,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM	IPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	1,000,000	
Α	Property			CAU5013775		9/5/2024	9/5/2025	Building			35,485,000	
Α	Crime			CAU5013775		9/5/2024	9/5/2025	Fidelity			850,000	
 DES ** <b>S</b> e	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI e Notes for Additional Coverages**	LES (A	CORE	 D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requi	red)				
CE	RTIFICATE 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.						
					i							

Samantha Buck

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED The Peaks at Aspen Glen Homeowners Association, Inc. c/o Silver Mountain Properties				
POLICY NUMBER		326 Hwy 133, Suite #120 Carbondale, CO 81623				
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

\*\*Guaranteed Replacement Cost Valuation Applies\*\* //42 units // \$10,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss Ordinance and Law: Coverage A - Included Coverage B - \$2,000,000 Coverage C - \$2,000,000

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

Carrier: GIG-Philadelphia Indemnity Policy #: PCAP035787-0322 Effective: 09/05/2024 - 09/05/2025 Limit: \$1,000,000 Occurrence/Aggregate

**Difference in Conditions** 

Carrier: Atlantic Specialty Policy #: 3000002630003 Effective: 9/5/24 - 9/5/25 Limit: \$1,000,000 Stop Loss Deductible: \$25,000