

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/30/2023

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 BETWEEN THE OF PRODUCED, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER	R, AND THE CERTIFICATE I	HOLDER.			
PRODUCER			CONTACT Clifford Hansen		
Latitude Insurance			PHONE (970) 252-8580	FAX (A/C, No): (970) 252-1983
17 N Mesa Avenue			E-MAIL clifford@insurancesanjuans.com		
			PRODUCER 00004298 CUSTOMER ID:		
Montrose	CO	81401	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED			INSURER A: AmGUARD Insurance Company		42390
Etta Place Too Condominium Association			INSURER B:		
c/o Jarmik Property Mgmnt			INSURER C:		
PO Box 3071			INSURER D:		
Telluride	CO	81435	INSURER E :		
			INSURER F:		
001/504050	0=D=1=10.4== 111.14D=D	CD224204220	9		

COVERAGES CERTIFICATE NUMBER: CP2313013308 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001: 370 S Mahoney Telluride CO 81435

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			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	PROPERTY					×	BUILDING	\$ 6,492,096
	CAUSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
	BASIC	BUILDING 5,000		02/01/2023	02/01/2024	$\overline{\times}$	BUSINESS INCOME	\$ 12 MOS ALS
	BROAD	CONTENTS	_			$\overline{\times}$	EXTRA EXPENSE	\$ 12 MOS ALS
	★ SPECIAL						RENTAL VALUE	\$
Α	EARTHQUAKE						BLANKET BUILDING	\$
^	WIND		_ E1BF433349				BLANKET PERS PROP	\$
	FLOOD						BLANKET BLDG & PP	\$
						×	Ordinance/Law	\$ Included
								\$
	INLAND MARIN	IE	TYPE OF POLICY					\$
	CAUSES OF LOSS							\$
	NAMED PERILS	3	POLICY NUMBER					\$
								\$
	CRIME					×	Emp. Dishonesty	\$ 100,000
Α	TYPE OF POLICY		ETBP433549	02/01/2023	02/01/2024	\sim	Forgery/Alteration	\$ 100,000
						\sim	Deductible	\$ 5,000
Α	BOILER & MAC		ETBP433549	02/01/2023	02/01/2024	×	Equip. Breakdown	\$ Included
^	EQUIPMENT B	REARDOWN	2151 400049	02/01/2023	02/01/2024			\$
								\$
								\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	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
	Pennytholan

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/30/2023

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If S	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	the t	erms	and conditions of the pol	licy, cer	tain policies		-		
PROD	UCER				CONTAC NAME:	T Clifford Ha	ansen			
Latitude Insurance					PHONE (A/C, No, Ext): (970) 252-8580 FAX (A/C, No): (970) 252-1983					
17 N	Mesa Avenue				E-MAIL ADDRES	alifford@ir	nsurancesanjua			
						INS	SURER(S) AFFOR	DING COVERAGE		NAIC #
Mon	trose			CO 81401	INSUREF	RA: AMGUAI	RD Insurance (Company		42390
INSU	RED				INSURE	RB: Greenwi	ch Insurance C	ompany		22322
Etta Place Too Condominium Association					INSURER C: Pinnacol Assurance 411					41190
c/o Jarmik Property Mgmnt				INSURER D: Great American Insurance Co.						
PO Box 3071					INSURER E :					
Telluride CO 81435					INSURER F:					
COVERAGES CERTIFICATE NUMBER: CL2313062214 REVISION NUMBER:										
INI CE EX	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.									
NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								\$ 1,00	0,000
ĺ	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
ĺ	<u> </u>							MED EXP (Any one person)	_{\$} 10,0	00
Α				ETBP433549		02/01/2023	02/01/2024	PERSONAL & ADV INJURY	\$ Inclu	ıded
İ	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000
l	PRO-							DDODUCTO COMPION ACC	2.00	0.000

						EACH OCCURRENCE	\$.,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 10,000
Α			ETBP433549	02/01/2023	02/01/2024	PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					Hired & Non-Owned Auto	\$ 1,000,000
	AUTOMOBILE LIABILITY					GOMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	✓ UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$ 5,000,000
В	EXCESS LIAB CLAIMS-MADE		PPP7484444	02/01/2023	02/01/2024	AGGREGATE	\$ 5,000,000
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	4190733	04/01/2022	04/01/2023	E.L. EACH ACCIDENT	\$ 500,000
	Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	DIRECTORS AND OFFICERS					Each Occurrence	\$1,000,000
D	DIRECTOROTHE OF FIGURE		EPPE457053	02/01/2023	02/01/2024		

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

CERTIFICATE HOLDER	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
	Ashugthhun