

LIZC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/23/2024

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).

tł	nis certificate does not confer rights to	the	certi	ificate holder in lieu of su							
PRO	DUCER				CONTA NAME:	^{C⊤} Jesse Je	nkins				
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor					PHONE (A/C, No, Ext): (970) 384-8234 FAX (A/C, No):						
	nwood Springs, CO 81601				E-MAIL ADDRE	_{ss:} jessej@r	ntnwst.con				
								RDING COVERAGE		NAIC #	
					INSURE			Iome Insurance Com	nanv	23450	
INSL	JRED				INSURER B:						
Fall Creek Village Homeowners Association, Inc. c/o Jarmik Property Mgmt						INSURER C:					
						INSURER D:					
PO Box 3071											
Telluride, CO 81435					INSURER E:						
	VED 4 0 5 0				INSURE	INSURER F:					
				E NUMBER: 1	/E D	EEN IOOUED T	O THE INOLI	REVISION NUMBER:	DOI	LIOV PEDIOD	
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR			SUBR WVD		DELIVI	POLICY EFF (MM/DD/YYYY)		LIMIT	·s		
A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	TOLIOT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1,000,000	
	CLAIMS-MADE X OCCUR			CAU4003626		10/2/2024	10/2/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
	SE MINE IN IEE X			UAU400020		10/2/2024	101212023	i i	\$	5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	1,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	1,000,000	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ \$	1,000,000	
	ANY AUTO			CAU4003626		10/2/2024	10/2/2025	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOS GNET								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION\$							7.00.1120.112	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT			
Α	Property			CAU4003626		10/2/2024	10/2/2025	Property - HOA only	J J	230,000	
Α	Crime			CAU4003626		10/2/2024	10/2/2025	Fidelity		150,000	
DES HOA	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL A Copy Only. Building coverage is provic	ES (A	ACORE Or se	0 101, Additional Remarks Schedu Wer treatment facility, she	ile, may b d, struc	e attached if mor ctures & comn	e space is requir nunity perso	red) nal property. **No residen	ntial co	verage.**	
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. AUTHORIZED REPRESENTATIVE					

LIZC

LOC #: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED						
Mountain West Insurance - Glenwood	Fall Creek Village Homeowners Association, Inc. c/o Jarmik Property Mgmt PO Box 3071 Telluride. CO 81435							
POLICY NUMBER								
SEE PAGE 1		101111111111111111111111111111111111111						
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

Additional Coverage

Coverage is Provided for Sewer Treatment Facility, Shed, Structures & Community Personal Property.

Guaranteed Replacement Cost Valuation Applies 8 Lots/5 homes built/on-site / \$1,000 Deductible

Ordinance and Law:

Coverage A - Included

Coverage B - \$300,00

Coverage C - \$300,00

Cancellation: 10 days for non-payment / 30 days all other

Directors & Officers - Continental Casualty Company

Effective 10/02/2024 - 10/02/2025

Limit \$1,000,000 per Occurrence / Aggregate

Deductible \$1,000