

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

C B	ERT	IFICATE DOES W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATI ATIVELY OR NEGATIVELY ISURANCE DOES NOT CO R, AND THE CERTIFICATE	AMEND, EXT NSTITUTE A	TEND OR ALTER 1	THE COVERAGE A	٩FFG	ORDED BY THE POL	R. THIS ICIES	)/18/2023 <b>;</b>	
PRO	UCE	R			CONTACT Ashley Holden							
Latit	ude	Insurance				NAME:         Astringy Holdert           PHONE         (A/C, No, Ext):         (970) 252-8580         FAX: (A/C, No):         (970) 252-1983						
17 N	l Me	sa Avenue				E-MAIL ADDRESS: PRODUCER 00009590						
Mor	trose	9		со	CUSTOMER ID:	NAIC #						
INSU	RED				INSURER(S) AFFORDING COVERAGE INSURER A : Ohio Security Insurance Company					24082		
Silve	er Ja	ck Owners' Ass	ociation,		INSURER B :							
PO	Box :	3071			INSURER C :							
<b>T</b> -11.	م ام اس			<u> </u>	INSURER D :							
Tellu	nue			CO								
CO	/FR/	AGES		CERTIFICATE NUMBER:	CP231018		INSURER F : REVISION NUMBER:					
-				OPERTY (Attach ACORD 101, Addi								
TH IN CE	IIS IS DICA	TO CERTIFY T TED. NOTWITH	HAT THE POLICIE ISTANDING ANY R ISSUED OR MAY I	NVE TEILURIDE CO 81435 S OF INSURANCE LISTED BEI REQUIREMENT, TERM OR COM PERTAIN, THE INSURANCE AF	NDITION OF AI	NY CONTRACT OR C THE POLICIES DESC	THER DOCUMENT \ RIBED HEREIN IS S	WITH	RESPECT TO WHICH T	THIS		
INSR	CLU			CH POLICIES. LIMITS SHOWN					-			
LTR		TYPE OF IN		POLICY NUMBER		DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
	$\times$	PROPERTY						$ \times$	BUILDING	<mark>\$</mark> 16,1	36,270	
	CAU	ISES OF LOSS		_					PERSONAL PROPERTY	\$		
		BASIC BUILDING 10,000 BROAD CONTENTS							BUSINESS INCOME	\$ \$ \$		
									EXTRA EXPENSE			
	$\times$								RENTAL VALUE			
А		EARTHQUAKE		BKS60514912		11/15/2023	11/15/2024		BLANKET BUILDING	\$		
~		WIND		BR300314912		11/10/2020	11/10/2024		BLANKET PERS PROP	> \$		
		FLOOD							BLANKET BLDG & PP	\$		
										\$		
				_								
	INLAND MARINE			TYPE OF POLICY						\$		
	CAUSES OF LOSS									\$		
				POLICY NUMBER						\$		
		1								s		
								Emp. Dishonesty		\$ 50,000		
А	TYP	E OF POLICY		BKS60514912		11/15/2023	11/15/2024	Forgery/Alteration		\$ 50,000		
								X	C Deductible		00	
	×	BOILER & MACH	INERY /	DK000544040		44/45/0000	44/45/0001	$\mathbf{X}$	Equip. Breakdown		uded	
A		EQUIPMENT BRE	EAKDOWN	BKS60514912		11/15/2023	11/15/2024			\$		
										\$		
										\$		
SPEC	IAL C	ONDITIONS / OTH	IER COVERAGES (A	CORD 101, Additional Remarks Scl	hedule, may be a	attached if more space is	s required)	•		*		
CEF	TIF	CATE HOLDE	R			CANCELLATI	ON					
						SHOULD ANY THE EXPIRAT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1					AUTHORIZED REP	AUTHORIZED REPRESENTATIVE						
						Ashuythilden						

The ACORD name and logo are registered marks of ACORD

© 1995-2015 ACORD CORPORATION. All rights reserved.



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/18/2023

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 REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
lf	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to his certificate does not confer rights to	the t	erms	and conditions of the po	licy, ce	rtain policies					
-	DUCER		ertin	cate noticer in neu or such	CONTA	( )	lden				
	tude Insurance				PHONE (070) 252 8580 FAX (070) 252 1082						
	N Mesa Avenue				E-MAIL ashlov@latitudoins.com						
					ADDRESS: ASINEY Claudeins.com INSURER(S) AFFORDING COVERAGE NAIC #						
Montrose CO 81401						INSURER A : Ohio Security Insurance Company					
INSURED						INSURER A: Ohio Casualty Ins. Co.					
Silver Jack Owners' Association,						INSURER B: Ohio Casualty Ins. Co. 240					
PO Box 3071					INSURER C :						
	Telluride			CO 81435	INSURE						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL231018679				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)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	<sub>\$</sub> 1,00	0,000	
	CLAIMS-MADE 🔀 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	<sub>\$</sub> 300,	000	
								MED EXP (Any one person)	<sub>\$</sub> 15,0	00	
A				BKS60514912		11/15/2023	11/15/2024	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000	
								PRODUCTS - COMP/OP AGG	Ψ	0,000	
	OTHER: Directors and Officers							Each Occurrence COMBINED SINGLE LIMIT	\$ 1,00	0,000	
								(Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
								(Per accident)	\$		
									\$	0,000	
в				USO60514912		11/15/2023	11/15/2024	EACH OCCURRENCE	Ψ 0.00	0,000	
D	CLAIIVIS-IVIADE			00000014912		11/10/2020	11/10/2024	AGGREGATE	φ	0,000	
	DED K RETENTION \$ 10,000							PER OTH-	\$		
								STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$		
	DEGORF HON OF OPERATIONS DOIOW							L.L. DIGLAGE - FULIUT LIMIT	φ		
1											
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	bace is required)	I	I		
CEF	RTIFICATE HOLDER				CANC	ELLATION					
		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									
					fishingthilden						

© 1988-2015 ACORD CORPORATION. All rights reserved.