

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 02/21/2024

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

COVEDAGES	CEDTIEICATE NI IMPED.	CP242211464	7 DEVISION NUM	DED.	·				
			INSURER F:						
Telluride	CO	81435-3071	INSURER E :						
			INSURER D:						
Po Box 3071			INSURER C:						
Etta Place Too Condominium Association			INSURER B:						
INSURED			INSURER A: Cincinnati Insurance Co		10677				
Montrose	СО	81401	INSURER(S) AFFORDING COVERAGE		NAIC #				
			PRODUCER 00004298 CUSTOMER ID:						
17 N Mesa Avenue			E-MAIL ashley@latitudeins.com						
Latitude Insurance			PHONE (A/C, No, Ext): (970) 252-8580	FAX (A/C, No): (970)	252-1983				
PRODUCER			CONTACT Ashley Holden						
REFRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									

CERTIFICATE NUMBER: REVISION NUMBER:

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

Loc# 00001 Bldg# 00001: 370 S Mahoney Dr Telluride CO 814355079

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			POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	×	PROPERTY					×	BUILDING	\$ 8,075,000
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING 25,000					BUSINESS INCOME	\$
	BROAD CONTENTS		· ·					EXTRA EXPENSE	\$
	$\overline{\times}$	SPECIAL						RENTAL VALUE	\$
Α		EARTHQUAKE		EPP 0705734	02/01/2024	02/01/2025		BLANKET BUILDING	\$
^		WIND		EFF 0/05/54	02/01/2024			BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
									\$
				1					\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	CAUSES OF LOSS  NAMED PERILS							\$
				POLICY NUMBER					\$
									\$
	$\overline{\times}$	CRIME					×	Emp. Dishonesty	\$ 50,000
Α	TYPE OF POLICY			EPP 0705734	02/01/2024	02/01/2025	×	Forgery/Alteration	\$ 50,000
							×	Deductible	\$ 500
Α	BOILER & MACHINERY / EQUIPMENT BREAKDOWN			EPP 0705734	02/01/2024	02/01/2025	×	Equip. Breakdown	\$ Included
^			EARDOWN	L11 0/00/04	02/01/2024	02/01/2023			\$
									\$
									\$

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
	Ashuythulun

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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/21/2024

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).													
PRODUCER						CONTACT Ashley Holden							
Latitude Insurance					PHONE (A/C, No, Ext): (970) 252-8580 FAX (A/C, No): (970) 252-1983								
171	N Mesa Avenue				(A/C, No, Ext): (A/C, No): (A/C,								
					INSURER(S) AFFORDING COVERAGE NAIC #								
Mor	ntrose			CO 81401	INSURER A: Cincinnati Insurance Co						10677		
INSU	RED				INSURE	C	ch Insurance C	Company			22322		
	Etta Place Too Condominium As	socia	tion		INSURE	Diagrand	Assurance				41190		
	Po Box 3071				INSURE	C	nerican Insurai	nce Co.					
	Telluride			CO 81435-3071	INSURER E : INSURER F :								
CO	VERAGES CER	TIFIC	ATE I	NUMBER: CL242217058				REVISION NUME	BER:				
TI	HIS IS TO CERTIFY THAT THE POLICIES OF I	NSUF	RANCE	LISTED BELOW HAVE BEEN	ISSUED	TO THE INSU	RED NAMED A	BOVE FOR THE PO	LICY PERIO	DD			
	IDICATED.  NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERTA		,							IS			
	XCLUSIONS AND CONDITIONS OF SUCH PC							OBJECT TO ALL ITI	IL TEKNIS,				
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
<del></del>	COMMERCIAL GENERAL LIABILITY	IIIOD				(,22,,	(,22,,	EACH OCCURRENCI	F :	1,00	0,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTE PREMISES (Ea occur	D	500,	000		
	02.11110 111.132 [1-3] 00001.							MED EXP (Any one person)		\$ 10,000			
Α				EPP 0705734		02/01/2024	02/01/2025	· / / · · / · · / · · · · · · · · · · ·		0,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									2.00	0,000		
	POLICY PRO- JECT LOC									2,00	0,000		
	OTHER:								;	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$			
	ANY AUTO							BODILY INJURY (Per	person)	\$			
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		\$			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	Ē ;	\$			
	7,0,00 0,12								:	\$			
	➤ UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E :	5,00	0,000		
В	EXCESS LIAB CLAIMS-MADE	-		PPP7484444	02/01/2024	02/01/2024	02/01/2025			5,00	0,000		
	DED RETENTION \$								,	\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		4190733		04/01/2023	04/01/2024	E.L. EACH ACCIDEN	т	<sub>\$</sub> 500,	000		
ľ	ndatory in NH)	N/A		4130733				E.L. DISEASE - EA EMPLOYEE \$ 50		<sub>\$</sub> 500,	000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		<sub>\$</sub> 500,	000		
	Directors and Officers							General Aggregat	е	\$1,0	00,000		
D	Directors and Officers			EPPE457053		02/01/2024	02/01/2025	Each Occurrence		\$1,0	00,000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)						
CEI	RTIFICATE HOLDER				CANC	ELLATION							
					6116		THE AROUS DE	CODIDED DOLLO	e de cara		DEEODE		
								SCRIBED POLICIE: F, NOTICE WILL BE			DEFUKE		
					ACCORDANCE WITH THE POLICY PROVISIONS.								
					ALITHODIZED DEDDESENTATIVE								
		AUTHORIZED REPRESENTATIVE											

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