

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

					-				07	7/25/2022			
C B	ERT ELO	IFICATE DOES W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATION ONLY A ATIVELY OR NEGATIVELY AMEND, E ISURANCE DOES NOT CONSTITUTE R, AND THE CERTIFICATE HOLDER.	XTEND OR ALTER ⁻ A CONTRACT BET	THE COVERAGE	AFFC	ORDED BY THE POL	ICIES	3			
PRO	DUCE	R			CONTACT AS	CONTACT Ashley Holden							
Insu	ranc	e of the San Ju	ans		PHONE (9	PHONE (970) 252-8580 FAX (A/C, No): (970) 252-1983							
17 1	l Me	sa Avenue			E-MAIL oc	E-MAIL ashlov@insurancosaniuans.com							
					ADDRESS.	PRODUCER 00006100							
					CUSTOMER ID:								
Mor	trose	Э		CO 81401		INSURER(S) AFFORDING COVERAGE NAIC							
INSU	RED				INSURER A: An	nGUARD Insurance	Com	pany		42390			
San	Juai	n Warehouse C	ondominium Build	ling Association, Inc	INSURER B :								
PO	Box :	3151				INSURER C :							
Tall	ıride			CO 81435-31	E 1	INSURER D :							
Tent	nue			00 01433-31	INSURER E :	INSURER E :							
					INSURER F :								
CO	/ER	AGES		CERTIFICATE NUMBER: CP22728	512535	35 REVISION NUMBER:							
LOC	TION	I OF PREMISES / D	ESCRIPTION OF PR	OPERTY (Attach ACORD 101, Additional Remark	s Schedule, if more space	e is required)							
Tł IN Cl	Loc# 00001: 225 S Pine St Telluride CO 814353151 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					POLICY EFFECTIVE	POLICY EXPIRATION				LIMITO			
LTR		TYPE OF IN	SURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS			
	X	PROPERTY					×	BUILDING	\$ 4,68	31,234			
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$				
		BASIC	BUILDING	-				BUSINESS INCOME	\$ 12 MOS ALS				
			2,500				⊖						
	BROAD		CONTENTS					EXTRA EXPENSE	\$ 12 MOS ALS				
	\times	SPECIAL					RENTAL VALUE		\$				
А		EARTHQUAKE		SABP334704	08/01/2022	08/01/2023		BLANKET BUILDING		\$			
A	WIND			- SABF 334704	00/01/2022	00/01/2023	BLANKET PERS PROP \$						
		FLOOD		-									
				-				Ordinance/Law	\$ s Included				
				-			$ \times $	Grainance/Eaw	\$ Included				
									\$				
		INLAND MARINE		TYPE OF POLICY					\$				
	CAUSES OF LOSS								\$				
				POLICY NUMBER					\$				
									•				
							-						
	CRIME								\$				
	TYPE OF POLICY								\$				
									\$				
^	X	BOILER & MACH	INERY /	SARD224704	09/04/0000	09/04/0000	X	Equip. Breakdown	s Inclu	uded			
A		EQUIPMENT BRE	AKDOWN	SABP334704	08/01/2022	08/01/2023		1	\$				
							-						
							<u> </u>		\$				
							<u> </u>		\$				
SPE	IAL C	CONDITIONS / OTH	IER COVERAGES (A	CORD 101, Additional Remarks Schedule, may b	e attached if more space i	s required)							
CEF	ιïF	ICATE HOLDE	:K			UN							
					THE EXPIRAT ACCORDANC	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 REP								
						Ashurtulan							

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/25/2022

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).													
Insurance of the San Juans		NAME: Ashiey Holden PHONE (AYC, No, Ext): (AYC, No, Ext): (970) 252-8580											
17 N Mesa Avenue	E-MAIL	E-MAIL ADDRESS: ashley@insurancesanjuans.com											
	ADDRE	INSURER(S) AFFORDING COVERAGE NAIC #											
Montrose CO 8140		INSURER A : AmGUARD Insurance Company											
INSURED		INSURER B :											
San Juan Warehouse Condominium Building Association, Inc		INSURER C :											
PO Box 3151		INSURER D :											
	INSUR	INSURER E :											
Telluride CO 8143	5-3151 INSUR	INSURER F :											
COVERAGES CERTIFICATE NUMBER: CL2	272558433												
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.													
LTR TYPE OF INSURANCE INSURANCE OF INSURANCE	NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT									
				EACH OCCURRENCE DAMAGE TO RENTED	Ψ	0,000							
				PREMISES (Ea occurrence)	\$ 50,0								
A SABP334704		00/01/2022	00/01/2022	MED EXP (Any one person)	\$ 5,00								
A SABP334704		08/01/2022	08/01/2023	PERSONAL & ADV INJURY	Ψ 0.00	0,000							
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	Ψ 0.00	0,000							
				PRODUCTS - COMP/OP AGG	Ψ	0,000							
				Employee Dishonesty COMBINED SINGLE LIMIT	\$ 100, °	000							
				(Ea accident)	\$								
ANY AUTO				BODILY INJURY (Per person)	\$								
AUTOS ONLY AUTOS HIRED NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$								
				(Per accident)	\$								
					\$								
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$								
EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$								
DED RETENTION \$ WORKERS COMPENSATION				PER OTH-	\$								
AND EMPLOYERS' LIABILITY Y/N				STATUTE									
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$								
(Mandatory in NH)				E.L. DISEASE - EA EMPLOYEE	\$								
DÉSÉRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remark	s Schedule, may be a	I Ittached if more si	bace is required)										
CERTIFICATE HOLDER	CAN	CANCELLATION											
	SHO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.											
	AUTHO	AUTHORIZED REPRESENTATIVE											
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