



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/21/2024

**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.**

<b>PRODUCER</b> Latitude Insurance 17 N Mesa Avenue  Montrose CO 81401	<b>CONTACT NAME:</b> Ashley Holden <b>PHONE (A/C, No, Ext):</b> (970) 252-8580 <b>E-MAIL ADDRESS:</b> ashley@latitudeins.com <b>PRODUCER CUSTOMER ID:</b> 00000443	<b>FAX (A/C, No):</b> (970) 252-1983
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> AmGUARD Insurance Company <b>INSURER B:</b> Kevin Davis Ins Co. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>NAIC #</b> 42390 52421

**COVERAGES**                      **CERTIFICATE NUMBER:** CP2462115069                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Loc# 00001: 653 W Pacific Ave Telluride CO 814351890, Loc# 00002: 663 673 W Pacific Ave 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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	PLBP513686	06/30/2024	06/30/2025	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING 5,000	<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 12 MOS ALS
	BROAD				CONTENTS	<input checked="" type="checkbox"/> EXTRA EXPENSE	\$ 12 MOS ALS
	<input checked="" type="checkbox"/> SPECIAL					RENTAL VALUE	\$
	EARTHQUAKE				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 4,422,597	
	WIND				BLANKET PERS PROP	\$	
FLOOD	BLANKET BLDG & PP	\$					
		<input checked="" type="checkbox"/> Ordinance/Law	\$ Included				
			\$				
	<b>INLAND MARINE</b>	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
B	<input checked="" type="checkbox"/> <b>CRIME</b>	105697945	06/30/2024	06/30/2027	<input checked="" type="checkbox"/> Emp. Dishonesty	\$ 185,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Deductible	\$ 500	
						\$	
A	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	PLBP513686	06/30/2024	06/30/2025	<input checked="" type="checkbox"/> Equip. Breakdown	\$ Included	
						\$	
						\$	
						\$	

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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  



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2024

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**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).

<b>PRODUCER</b> Latitude Insurance 17 N Mesa Avenue  Montrose CO 81401		<b>CONTACT NAME:</b> Ashley Holden <b>PHONE (A/C, No, Ext):</b> (970) 252-8580 <b>E-MAIL ADDRESS:</b> ashley@latitudeins.com <b>FAX (A/C, No):</b> (970) 252-1983	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> AmGUARD Insurance Company	<b>NAIC #</b> 42390
		<b>INSURER B:</b> Greenwich Insurance Company	22322
		<b>INSURER C:</b> Kevin Davis Ins Co.	52421
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> The Plunge Condominiums Owners Association, Inc. c/o Jarmik Property Management PO Box 3071 Telluride CO 81435-1890			

**COVERAGES****CERTIFICATE NUMBER:** CL2462173544**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PLBP513686	06/30/2024	06/30/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7447847	06/30/2024	06/30/2025	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$	
	DED	RETENTION \$							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
C	Directors and Officers			107288325	06/30/2024	06/30/2025	General Aggregate	\$1,000,000	
							Each Occurrence	\$1,000,000	

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

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