

CERTIFICATE OF LIABILITY INSURANCE

C1CROONEY

DATE (MM/DD/YYYY)

CRYSATT-01

_									6/	16/2023
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	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection subjection is certificate does not confer rights to	ct to	the	terms and conditions of	the po ch end	licy, certain orsement(s)	policies may			
PRO	DUCER				CONTA NAME:	СТ				
AssuredPartners 4582 S. Ulster Street Suite 600 Denver, CO 80237					PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No, Ext): (303) 863-7788 (A/C, No): E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE					NAIC #
					INSURE	RA: Americ	an Alternat	ive Ins Corp		19720
INSU	RED				INSURE	к в : Federa l	Insurance	Company		20281
	Crystal at the Village Homeo	owne	rs As	sociation	INSURE	R C : Pennsylva	inia Manufactu	rers' Association Insurance C	ompany	12262
	PO Box 3538				INSURE	RD:				
	Telluride, CO 81435				INSURE					
					INSURE					
cov	/ERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED	TO THE INSU		THE PO	LICY 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.							WHICH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE OCCUR			CAU503929-4		11/1/2022	11/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		1,000,000
	OTHER:								\$	
Α						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO			CAU503929-4		11/1/2022	11/1/2024	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	X UMBRELLA LIAB X OCCUR	=					EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE			9365-13-71	11/	11/1/2022	11/1/2023	AGGREGATE	\$	
	DED X RETENTION \$								\$	1,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		00358209				PER OTH- STATUTE ER			
						6/15/2023	11/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
								E.L. DISEASE - EA EMPLOYER	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
· · ·	Directors & Officers			CAU503929-4		11/1/2022	11/1/2024	Ded \$0		1,000,000
Α	Crime		CAU503929-4			11/1/2022	11/1/2024	Deductible \$0		150,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	ACORE	0 101, Additional Remarks Schedul	le, may b	e attached if mor	re space is requi	red)		
					CANC					

CERTIFICATE HOLDER	CANCELLATION				
Informational Certificate	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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AGENCY CUSTOMER ID: CRYSATT-01



LOC #: 1

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ADDITIONAL	REMARKS	SCHEDULE
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ADDITIONAL REMARKS SCHEDULE Page 1 of									
AGENCY AssuredPartners		NAMED INSURED Crystal at the Village Homeowners Association PO Box 3538							
POLICY NUMBER SEE PAGE 1	Telluride, CO 81435 San Miguel								
CARRIER	NAIC CODE								
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabil	ity Insurance								
Property Information CARRIER: American Alternative Insurance Corporation EFFECTIVE: 11/1/2022 - 11/1/2024 POLICY #: CAU503929-4 LIMIT: \$200,000 (HOA Common Area Property Only) DEDUCTIBLE: \$1,000 # OF SINGLE FAMILY HOMES: 8 GUARANTEED REPLACEMENT COST SEVERABILITY OF INTEREST IS INCLUDED ORDINANCE AND LAW IS INCLUDED ORDINANCE AND LAW IS INCLUDED NO COINSURANCE SPECIAL FORM NO INFLATION GUARD POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM EQUIPMENT BREAKDOWN COVERAGE INCLUDED Waiver of Subrogation applies									
POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions									
FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR VOLUNTEERS AND BOARD MEMBERS	PROPERTY	Y MANAGEMENT COMPANY, PROPERTY MANA	GER,						

****** PLEASE READ******

Insurance is for Building coverage and General Liability for the Association's common areas only. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO3 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details