SHADTOW-01

SAMIB

ACORD\*

# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 8/11/2023

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.

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).											
PROD		<del></del>				CONTACT NAME:					
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor							PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970)				945-2350
		od Springs, CO 81601				E-MAIL ADDRESS:					
					_	INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURER A : Fireman's Fund Insurance Company				21873	
INSURED							mooning the second seco				22730
		Shadowrock Townhome Ass c/o Romero Group, LLC	socia	tion,	Inc.	INSURER C : Pennsylvania Manufacturers' Association Insurance Company 12262					
		PO Box 4100			_	INSURER D : Continental Casualty Company					20443
Basalt, CO 81621							INSURER E:				
						INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:				
IN CE	DIC/	ATED. NOTWITHSTANDING ANY R	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD ON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RODED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EBEEN REDUCED BY PAID CLAIMS.					
INSR LTR	SR ADDL SUBR				POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
Α	Х	COMMERCIAL GENERAL LIABILITY					······	\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			BINDER		8/15/2023	8/15/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
									MED EXP (Any one person)		5,000
									PERSONAL & ADV INJURY	<b>'</b> \$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PRO- X LOC							PRODUCTS - COMP/OP AG	GG \$	2,000,000
		OTHER:								\$	
Α	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
					DIMIDED		0/4 5/0000	0/45/0004	, , , , ,		

ANY AUTO BINDER 8/15/2023 8/15/2024 BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В **UMBRELLA LIAB OCCUR EACH OCCURRENCE** 8/15/2024 5,000,000 031356862456359 8/15/2023 Х **EXCESS LIAB CLAIMS-MADE** AGGREGATE 5,000,000 Prods/Comp Ops DED RETENTION \$ X PER STATUTE X OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY **BINDER** 8/15/2023 8/15/2024 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT BINDER 8/15/2023 8/15/2024 43,277,200 Property Building Crime 619076160 8/15/2023 8/15/2024 Crime/Fidelity 550,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION			
Unit Owner Copy	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			
	Samantha Buck			

LOC #: 0



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED Shadowrock Townhome Association, Inc. c/o Romero Group, LLC					
POLICY NUMBER		PO Box 4100 Basalt. CO 81621					
SEE PAGE 1		Dasail, GO 01021					
CARRIER NAIC CODE							
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: QFF DAGF 1					

#### **ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

#### **Additional Coverage Info:**

\*\*Guaranteed Replacement Cost Valuation Applies\*\* // 100 units // \$25,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss Ordinance and Law: Coverage A – Included Coverage B - \$2,000,000 Coverage C - \$2,000,000

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A

Inflation Guard: N/A

Equipment Breakdown: Included Wind/Hail Coverage: Included Condominium Endorsement: Yes Separation of Insured: Yes

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Notice of Cancellation: 10 Days for Non-Payment or Premium Minimum 30 Days All Other Reasons

### **Directors & Officers**

**Carrier: Continental Casualty** 

Policy #: 619076160

Effective: 08/15/2023 - 08/15/2024

Limit: \$1,000,000 Occurrence/Aggregate