LAKETOW-02 BRADYC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/3/2026

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).

PRODUCER	CONTACT NAME: Brady Cox
Mountain West Insurance - Glenwood 201 Centennial St Ste 120 Glenwood Springs, CO 81601-2894	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS: bradyc@mtnwst.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Alternative Insurance Corporation	19720
INSURER B : Pennsylvania Manufacturers' Association Insurance Company	12262
INSURER C : Travelers Casualty and Surety Company of America	31194
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Lakeside Townhouses at Willits, Inc.
c/o Integrated Mountain Management
PO Box 908
Glenwood Springs, CO 81602

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

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR			CAU531318-2	8/20/2026	8/20/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						HIRED NON OWNED	$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A		2026011408335Y	8/20/2026	8/20/2027	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Property			CAU531318-2	8/20/2026	8/20/2027	Building	40,280,000
C	Crime			106351237	8/20/2026	8/20/2027	Crime/Fidelity	50,000

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

****See Notes for Additional Coverages****

CERTIFICATE HOLDER

Unit Owners Copy

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

Brady Cox

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AGENCY CUSTOMER ID: LAKETOW-02 BRADYC

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Mountain West Insurance - Glenwood	Lakeside Townhouses at Willits, Inc. c/o Integrated Mountain Management PO Box 908 Glenwood Springs, CO 81602
POLICY NUMBER SEE PAGE 1	
CARRIER: SEE PAGE 1 / NAIC CODE: SEE P 1	EFFECTIVE DATE: SEE PAGE 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 Information
****Guaranteed Replacement Cost Valuation Applies** // 56 units // $15,000 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 - $3,000,000
Coinsurance: N/A – Guaranteed Replacement Cost
Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost
Inflation Guard: N/A – Guaranteed Replacement Cost
Equipment Breakdown: Included
Wind/Hail Coverage: Included
Separation of Insured: Included
Fidelity Bond: Property Manager & non-compensated employees included: Yes

Directors and Officers Liability
Carrier: Travelers Casualty and Surety Company of America
Policy #: 106351237
Policy Term: 8/20/2026 to 8/20/2027
Limit: $1,000,000.00
Additional Defense: Yes
Retention: $1,000

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

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