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# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 9/24/2025

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).

	nis certificate does not confer rights to				ıch enc	lorsement(s)		require an endorsemen	t. A St	atement on	
PRODUCER Mountain West Insurance - Glenwood 201 Centennial St 4th Floor						CONTACT Brady Cox NAME: PHONE (A/C, No, Ext): FAX (A/C, No):					
								RDING COVERAGE		NAIC #	
								ive Insurance Corpor			
INSURED						INSURER B : Pennsylvania Manufacturers' Association Insurance Company					
	Lakeside Townhouses at Wi c/o Integrated Mountain Mar		INSURER C: Travelers Casualty and Surety Company of Am			erica	31194				
PO Box 908 Glenwood Springs, CO 81602						INSURER D :					
						INSURER F:					
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER	IREMI TAIN,	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE SED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR			SUBR			POLICY FEE POLICY FYP		LIMIT			
A	X COMMERCIAL GENERAL LIABILITY	IIVSD	WVD			(IMIM/DD/1111)	(IVIIVI/UU/TTTT)	EACH OCCURRENCE	\$	2,000,000	
	CLAIMS-MADE X OCCUR			CAU531318-2		8/20/2025	8/20/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
						3.23.232		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 SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		2025011408335Y		8/20/2025	8/20/2026	X PER X OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)  If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
_	DESCRIPTION OF OPERATIONS below			0411504040.0		0/00/0005	0/00/0000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Α	Property			CAU531318-2		8/20/2025	8/20/2026	Building		38,360,000	
С	Crime			106351237		8/20/2025	8/20/2026	Crime/Fidelity		50,000	
DES ** <b>Se</b>	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC e Notes for Additional Coverages**	LES (A	ACORE	│ D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	 red)			
CERTIFICATE HOLDER						CANCELLATION					
Unit Owners 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.					
					AUTHO	RIZED REPRESE	NIAIIVE				

LOC #: 0



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY	NAMED INSURED					
Mountain West Insurance - Glenwood		Lakeside Townhouses at Willits, Inc. c/o Integrated Mountain Management				
POLICY NUMBER	PO Box 908 Glenwood Springs, CO 81602					
SEE PAGE 1		Glenwood Springs, CO 01002				
CARRIER	NAIC CODE					
SEE PAGE 1 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

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

**Directors & Officers** 

**Carrier: Travelers Insurance** 

Policy #: 106351237

Effective: 8/20/2025 - 8/20/2026

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



#### **Mountain West Insurance & Financial Services, LLC**

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601 (800) 390-0559 toll-free (970) 945-9111 office (970) 945-2350 fax www.mtnwst.com

8/12/2025

RE: Lakeside Townhouses at Willits, Inc.

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Lakeside Townhouses at Willits, Inc., and we look forward to servicing the Association's insurance needs for this coming year. We believe we bring the best value to our Association clients and that is a combination of comprehensive coverage at very competitive premiums.

The Association's Master Insurance Policy has been written to comply with the insurance requirements outlined in the Association Declarations.

#### The Association is to insure the following:

- ⇒ Common Elements (buildings, structures and common areas)
- ⇒ Limited Common Elements (outdoor decks, patios, etc.)
- ⇒ The commercial and/or residential units but only up to and including the unfinished drywall

### **AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:**

# Owners are responsible for insurance on the following:

(Questions to ask your individual insurance agent)

- ⇒ All interior surfaces of the walls, floors and ceilings including appliances, cabinets, fixtures and equipment, including any improvements and upgrades installed by previous or current unit owners
  - (Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws?)
- ⇒ Contents furniture, furnishings and other personal property (Do I have replacement cost coverage or actual cash value?)
- ⇒ Loss of rental income / loss of use / loss of assessments (What limits are available? Does the loss assessment coverage apply towards an association deductible?)
- ⇒ Personal liability
  (Does my policy have rental restrictions? Does my umbrella extend to this policy?)

Please refer to the insurance section of the Association Declarations for further information regarding insurance requirements for both the Association and the individual Unit Owner.

Please send all insurance certificate requests you receive from your lender to assncert@mtnwst.com

If you have any questions or need any further clarification, please give me a call.

Sincerely,

# Meghan Wilson

Meghan Wilson, CIC Commercial Lines Agent



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## Association Residential Unit Owner's Insurance Coverage Fact Sheet

(Questions to ask your individual insurance agent)

**Interior Building coverage** - The unit owner's policy can cover the portions of the unit interior which the owner is responsible to insure, per the declarations and by-laws.

Q. Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws of the association?

**Personal Property coverage** - The policy covers the personal belongings at the location of the unit, such as furniture, dishes, clothing, etc.

Q. Do I have replacement cost coverage or actual cash value?

Loss of Rental Income/or Loss of Use - In the event of a covered loss and the unit is found not fit to live in, the policy will provide coverage for additional living expenses (primary or secondary home) or loss of rental income (rental property) until the unit is repaired.

Q. What limits are available?

**Loss Assessment coverage** - The policy will pay for your share of a loss assessment charged against unit owners as a result of a loss to the property owned by the association or for a bodily injury or property damage liability claim against the association. Loss Assessment coverage is subject to coverage and exclusions in the unit owner's policy. The policy may also provide some coverage towards the association deductible.

Q. What limits are available? Does loss assessment coverage apply towards an association deductible?

**Personal Liability** - The policy provides liability coverage in the unit. Coverage would apply if the unit owner is found to be legally liable for a claim of bodily injury or property damage. Most unit owner's policies can provide limits up to \$500,000.

Q. Does my Umbrella policy extend to this policy? Does my policy have any rental restrictions?