

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
6/29/2021

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 Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601 | CONTACT NAME: Stefan Hodgden, CISR | |
| | PHONE (A/C, No, Ext): (970) 945-9111 | FAX (A/C, No): (970) 945-2350 |
| | E-MAIL ADDRESS: stefanh@mtnwst.com | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Meadow Creek Condominiums of Vail Association c/o Vail Management PO Box 6130 Avon, CO 81620 | INSURER A : American Alternative Insurance Corporation | 19720 |
| | INSURER B : Greenwich Insurance Company | 22322 |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES**CERTIFICATE NUMBER: 1****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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | CAU5122193 | 6/30/2021 | 6/30/2022 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | 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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$ 1,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | | | | | | | \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CAU5122193 | 6/30/2021 | 6/30/2022 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | \$ | |
| B | X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | PPP7447474 | 6/30/2021 | 6/30/2022 | EACH OCCURRENCE | \$ 5,000,000 |
| | | | | | | | AGGREGATE | \$ 5,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE | OTH-ER |
| | | | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| A | Building | | | CAU5122193 | 6/30/2021 | 6/30/2022 | Building | 21,015,575 |
| A | Fidelity | | | CAU5122193 | 6/30/2021 | 6/30/2022 | Fidelity | 150,000 |

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****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.

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

| | | | |
|---|-----------------------------|--|--|
| AGENCY Mountain West Insurance - Glenwood | | NAMED INSURED Meadow Creek Condominiums of Vail Association c/o Vail Management PO Box 6130 Avon, CO 81620 | |
| POLICY NUMBER SEE PAGE 1 | | EFFECTIVE DATE: SEE PAGE 1 | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 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**
12 Buildings - 64 Units / \$5,000 Deductible**

Ordinance and Law:

Coverage A - Included
Coverage B - \$300,000
Coverage C - \$300,000

Coinsurance: N/A - Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A - Guaranteed Replacement Cost

Inflation Guard: N/A - Guaranteed Replacement Cost

Equipment Breakdown: Included

Separation of Insured: Included

Wind/Hail Coverage: Included

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

Directors and Officers:

Travelers / Policy #107280532 / 06/30/2021 - 06/30/2022 / Limit: \$1,000,000