



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2023

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).

PRODUCER		CONTACT NAME: Pam Linares	
Robert Harris Insurance Agency, Inc.		PHONE (A/C, No, Ext): (714) 619-4480	FAX (A/C, No): (714) 619-4481
Lic. #0216736		E-MAIL ADDRESS: pam@reharris.com	
3150 Bristol St., Suite 200		INSURER(S) AFFORDING COVERAGE	
Costa Mesa CA 92626		INSURER A: Philadelphia Insurance Companies	NAIC #
INSURED		INSURER B: Greenwich Insurance Company	
Snowdance Manor Homeowners Association		INSURER C: PA Mfg's Assoc Ins Co/Midwest	
PO Box 2590		INSURER D: Philadelphia Indemnity Insurance Company	
Dillon CO 80435		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23-24 GL Master **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK2551354	05/10/2023	05/10/2024	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
	OTHER:						GENERAL AGGREGATE \$ 2,000,000		
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000		
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$		
	<input type="checkbox"/> OTHER:						PROPERTY DAMAGE (Per accident) \$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7479295	05/10/2023	05/10/2024	EACH OCCURRENCE \$ 5,000,000		
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000		
	<input type="checkbox"/> OCCUR						\$		
	<input type="checkbox"/> CLAIMS-MADE						\$		
	DED						\$		
	RETENTION \$						\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2023011325612Y	05/10/2023	05/10/2024	<input checked="" type="checkbox"/> PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				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		
D	Directors & Officers			PCAP0286370221	05/10/2023	05/10/2024	Liability Limit 1,000,000		
							Aggregate 1,000,000		
							Deductible 1,000,000		

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

Location Address: 23034 U.S. Highway 6, Keystone, CO 80435
of Units: 32

CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium.

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

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