CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/17/2026

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: Caryn Smith	
Robert Harris Insurance Agency, Inc. Lic. #0216736 3150 Bristol St., Suite 200 Costa Mesa CA 92626	PHONE (A/C, No, Ext): (714) 619-4480	FAX (A/C, No): (714) 619-4481
	E-MAIL ADDRESS: caryn@reharris.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Lake Dillon Condominiums, Inc. c/o Summit Resort Group P.O. Box 2590 Dillon CO 80435	INSURER A : Philadelphia Insurance Companies	
	INSURER B : Greenwich Insurance Company	
	INSURER C : Philadelphia Indemnity Insurance Company	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26-27 Liab **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 [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2672327-003	04/01/2026	04/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 5,000			PPP4002713	04/01/2026	04/01/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
C	Directors and Officers			PCAP033560-0422	04/01/2026	04/01/2027	Directors & Officers of	$1,000,000

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

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

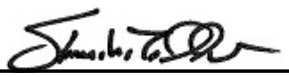
CERTIFICATE HOLDER

Unit Owner

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



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CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 04/17/2026

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PRODUCER		CONTACT NAME: Caryn Smith	
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: caryn@reharris.com	
3150 Bristol St., Suite 200		PRODUCER CUSTOMER ID: 00007914	
Costa Mesa	CA 92626		

INSURED		INSURER(S) AFFORDING COVERAGE	NAIC #
Lake Dillon Condominiums, Inc.		INSURER A : Fortegra Specialty Ins. Co	16823
c/o Summit Resort Group		INSURER B : Philadelphia Insurance Companies	
P.O. Box 2590		INSURER C : Fortegra Specialty Ins. Co	
Dillon	CO 80435	INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26-27 Prop **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00002 Bldg# 00001: 401 W. Lodgepole St Dillon CO 80435

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	[X] PROPERTY		FCCP1000310-02	03/30/2026	03/30/2027	[X] BUILDING	$ 8,500,000
	CAUSES OF LOSS	DEDUCTIBLES				[ ] PERSONAL PROPERTY	$
	[ ] BASIC	BUILDING 50,000				[ ] BUSINESS INCOME	$
	[ ] BROAD	CONTENTS				[ ] EXTRA EXPENSE	$
	[X] SPECIAL					[ ] RENTAL VALUE	$
	[ ] EARTHQUAKE					[ ] BLANKET BUILDING	$
	[X] WIND	3%				[ ] BLANKET PERS PROP	$
	[ ] FLOOD					[ ] BLANKET BLDG & PP	$
	[X] Wildfire	100,000				[X] Bldg Ord A	$ Included
	[X] Equip Brea	50,000				[X] Bldg Ord B & C	$ 250,000
	[ ] INLAND MARINE		TYPE OF POLICY				$
	CAUSES OF LOSS						$
	[ ] NAMED PERILS		POLICY NUMBER				$
							$
B	[X] CRIME		PHPK2672327-003	04/01/2026	04/01/2027	[X] Employee Theft	$ 100,000
	TYPE OF POLICY					[X] Forgery	$ 100,000
						[X] Computer Fraud	$ 100,000
C	[X] BOILER & MACHINERY / EQUIPMENT BREAKDOWN		FCCP1000310-02	04/01/2026	04/01/2027	[X]	$ Included
							$
							$
							$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

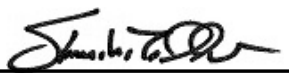
CERTIFICATE HOLDER

Unit Owner

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



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