

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/29/2024

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).

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PRO	DUCER	CONTAC NAME:	r aiii Liiiai	res								
Robert Harris Insurance Agency, Inc.						, Ext): (714) 61	FAX (A/C, No): (714)			(714)	619-4481	
Lic. #0216736						E-MAIL ADDRESS: pam@reharris.com						
3150 Bristol St., Suite 200						INSURER(S) AFFORDING COVERAGE NAIC						
Costa Mesa CA 92626						INSURER A: Philadelphia Insurance Companies					INAIO#	
INSURED						Consolida Incomenta Communica						
					Philodelphia Indomnity Ingurance Company							
Lake Dillon Condominiums, Inc.					INSURER C: Philiadelphia indefinity insurance Company							
c/o Summit Resort Group					INSURER D:							
P.O. Box 2590					INSURER E :							
Dillon				CO 80435	INSURER F:							
CO	/ERAGES CER	TIFIC	IFICATE NUMBER: 24.25 Liability			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 SUBR  INSD   WVD   POLICY NUMBER			POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS						
LIK	COMMERCIAL GENERAL LIABILITY		SD WVD FOLICT NUMBER			(WIW/DD/TTTT)	(WINDD/TTTT)	EAGU GOOUDDEN	1.00		0,000	
						04/01/2024	04/01/2025	EACH OCCURRENT DAMAGE TO RENTI	ED	100		
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)		5,000		
				DUDICOCO 47				MED EXP (Any one person)		1 000 000		
Α				PHPK2536847				PERSONAL & ADV INJURY		\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$ 2,000,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ 2,000,000		
	OTHER:									\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
	ANY AUTO							BODILY INJURY (Pe	er person)	\$		
	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							BODILY INJURY (Per accident)		\$		
								PROPERTY DAMAGE (Per accident)		\$		
	AUTOS ONLT							(Fer accident)		\$		
	➤ UMBRELLA LIAB OCCUP							EAGU GOOUDDEN	`F	\$ 5,00	0,000	
В	EVOLUCIAN			PPP7485891		04/01/2024	04/01/2025	EACH OCCURRENCE		Ψ .	0,000	
	CLAIIVIS-IVIADE	DE		1117400031		04/01/2024	0 1/0 1/2020	AGGREGATE		φ		
	DED RETENTION \$ U							I PFR I	OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER STATUTE	ĒŘ			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT		\$		
(Mandatory in NH)  If yes, describe under								E.L. DISEASE - EA EMPLOYEE		\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$		
	Directors and Officers							Policy Limit		\$1,0	000,000	
С	2cs.c.c and ccs.c			PCAP0335600322		04/01/2024	04/01/2025	Deductible		\$2,5	000	
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be at	tached if more sp	pace is required)	•				
*RC	= REPLACEMENT COST											
CE	TIFICATE HOLDER				CANC	ELLATION						
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.						
		ł				AUTHORIZED REPRESENTATIVE						
					AUTHORIZED REPRESENTATIVE							