



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

01/01/2024

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.

PRODUCER Kinser Insurance Agency 1495 Pine Grove Rd. Ste 201A Steamboat Springs, CO 80487	CONTACT NAME: Commercial Team PHONE (A/C, No. Ext): (970)879-1330 FAX (A/C, No): () - E-MAIL ADDRESS: Commercial@kinserinsurance.com PRODUCER CUSTOMER ID:														
INSURED Ponds at Blue River, The c/o Summit Resort Group PO Box 2590 Dillon, CO 80435 05-45273	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: American Alternative Ins Co</td> <td>19720</td> </tr> <tr> <td>INSURER B: Travelers Casualty & Surety Co.</td> <td>31194</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: American Alternative Ins Co	19720	INSURER B: Travelers Casualty & Surety Co.	31194	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 110-196 Robin Dr, 100-176 Allegra Lane, Silverthorne, CO 80498 Unit # xxx

LOAN NUMBER: xxx

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	25,000	CAU530114-1	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> BUILDING	\$ 50,400,000
	CAUSES OF LOSS	DEDUCTIBLES				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC	BUILDING				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	CONTENTS				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND	Prop Ded				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> Guaranteed Replacement Cost					<input checked="" type="checkbox"/> Bld Ord 2	\$ 1,000,000
	<input checked="" type="checkbox"/> As Conveyed					<input checked="" type="checkbox"/> Bld Ord 3	\$ 1,000,000
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY					\$
	CAUSES OF LOSS						\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER					\$
							\$
B	<input checked="" type="checkbox"/> CRIME	106896854	106896854	04/01/2021	04/01/2024	<input checked="" type="checkbox"/> Fidelity	\$ 433,000
	TYPE OF POLICY					<input checked="" type="checkbox"/> Comp. Fraud	\$ 433,000
						<input checked="" type="checkbox"/> Fund Tfr Fraud	\$ 433,000
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CAU530114-1	CAU530114-1	01/01/2024	01/01/2025		\$ Bldg Limit
A	Comm Gen Liability	CAU530114-1	CAU530114-1	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> Per Occur.	\$ 2,000,000
B	Director & Officer	107965396	107965396	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> Per Occur.	\$ 2,000,000

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

UNIT OWNER:

First Name, Last Name

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes Only

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

Jim Kinser