

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/08/2024

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		CONTACT Pam Linares									
Robert Harris Insurance Agency, Inc.						PHONE (A/C, No, Ext): (714) 619-4480 FAX (A/C, No): (714) 6						
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						
INSURED						INSURER B: Greenwich Insurance Company						
Snowdance Manor Homeowners Associaton						INSURER C: PA Mfg's Assoc Ins Co/Midwest						
PO Box 2590					INSURER D: Philadelphia Indemnity Insurance Company							
					INSURER E :							
Dillon CO 80435					INSURER F:							
COVERAGES CERTIFICATE NUMBER: CL245827												
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   POLICY EFF   POLICY EXP												
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	1.0		4 000 0	200	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENT		1,000,0	)00	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occu	urrence) \$			
								MED EXP (Any one				
Α				PHPK2682440		05/10/2024	05/10/2025	PERSONAL & ADV I			000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				ļ			GENERAL AGGREG			000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG \$	2,000,0	000	
	OTHER:								\$	1		
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT \$	i		
	ANY AUTO							BODILY INJURY (Pe	er person) \$	i		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe	er accident) \$	;		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE \$	i		
	ACTOC ONE!							(* 5. 5.5.5)	\$			
	UMBRELLA LIAB EXCESS LIAB  CLAIMS-MADE  DED  RETENTION \$			PPP7479295			05/10/2025	EACH OCCURRENG	CF \$	5,000,0	000	
В						05/10/2024		I		5,000,0	000	
						AGGREGATE		\$				
	WORKERS COMPENSATION							➤ PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							_ ·		1,000,0	000	
C				2024011325612Y		05/10/2024	05/10/2025	E.L. EACH ACCIDEN		4 000 0		
	If yes, describe under							E.L. DISEASE - EA E		1,000,0		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	LICY LIMIT \$		,000 Agg.	
D	Directors and Officers Liability			PCAP028637-0421		05/10/2024	05/10/2025	\$2500.00 Retent	tion	ψ.,σσσ	,0007.99.	
				1 0/11 020007 0 121		00/10/2021	00/10/2020	φ2000.00 ποιοπί				
DES	PRINTION OF OREDATIONS / LOCATIONS / VEHICL	ES (A(	OPD 1	01 Additional Pomarks Schodulo	may bo at	ttached if more cr	aco is roquirod)					
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												
	Units: 32	ione,	CO 60	1433								
١	IOTIL ATION PROVIDION OF BUILDING	_		. N.C. ( N. B.								
CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium.												
CERTIFICATE HOLDER CANCELLATION												
ALIANUS ANNOS THE ABOVE BEACHINES BOY 12-12 - 2 - 12-12											FFORF	
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	UNIT OWNER COPY - LIABILI		ACCORDANCE WITH THE POLICY PROVISIONS.									
5 6 <u>2</u>												
						AUTHORIZED REPRESENTATIVE						