



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2024

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).

PRODUCER Network Insurance Services, LLC 8301 E Prentice Ave Suite 410 Greenwood Village CO 80111	CONTACT NAME: iCerts Support		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS: cs@iCerts.com		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : NAUTILUS INS CO		17370
	INSURER B : GREENWICH INS CO		22322
	INSURER C : PENNSYLVANIA MANUFACTURERS ASN INS C		12262
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER: 1502471971

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L262004247-0	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			L262004247-0	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ None			PPP7499175	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2024011533587Y	5/1/2024	5/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Property See Page 2 For Policy Details							

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

Master Certificate  
54 Units

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

\*\*Evidence of Insurance\*\*

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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## ADDITIONAL REMARKS SCHEDULE

AGENCY Network Insurance Services, LLC		NAMED INSURED Silver Queen at Wilderrest Condominium Association c/o Summit Resort Group PO Box 2590 Dillon CO 80435	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

BUILDING - \$15,708,888 - Layered coverage as follows:  
 Special Form - 100% Replacement Cost Up to the Limit Of Insurance except Actual Cash Value on Roofs 10 Years or Older at the Time of Loss  
 Cosmetic Damage Exclusion Applies to All Roofs  
 Property Coverage is Not Blanket  
 No Coinsurance

Wind/Hail Deductible - 5% Per Building  
 All Other Perils Deductible: \$750,000 Per Occurrence

COVERAGE: Building  
 INSURER: General Star Indemnity Company  
 POLICY NUMBER: IAG973875  
 LIMIT: \$5,000,000 Primary  
 POLICY DATES: 05/01/2024 to 05/01/2025

COVERAGE: Building  
 INSURER: Kinsale Insurance Company  
 POLICY NUMBER: 0100238015-1  
 LIMIT: \$5,000,000 Excess of \$5,000,000  
 POLICY DATES: 05/01/2024 to 05/01/2025

COVERAGE: Building  
 INSURER: Mt. Hawley Insurance Company  
 POLICY NUMBER: MCP0176803  
 LIMIT: \$5,708,888 Excess of \$10,000,000  
 POLICY DATES: 05/01/2024 to 05/01/2025

COVERAGE: Equipment Breakdown  
 INSURER: Travelers Property Casualty Company of America  
 POLICY NUMBER: 3Y491054  
 LIMIT: \$15,708,888 Property Damage - \$268,272 Business Income Extension  
 DEDUCTIBLES: \$2,500 - Property Damage/24 Hours - Business Income  
 POLICY DATES: 05/01/2024 to 05/01/2025

COVERAGE: Crime/HOA Fidelity  
 INSURER: Great American Insurance Company  
 POLICY NUMBER: SSA-392-56-74-14600-00  
 LIMIT: \$1,000,000 DED: \$5,000  
 POLICY PERIOD: 05/01/2024 to 05/01/2025

COVERAGE: Directors and Officers  
 INSURER: Great American Insurance Company  
 POLICY NUMBER: EPPE793992-00  
 LIMIT: \$1,000,000 DED: \$1,000  
 POLICY PERIOD: 04/01/2024 to 04/01/2025  
 PRIOR & PROCEEDING DATE: 05/01/2023

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. Special causes of loss excluding earthquake and flood. Subject to policy limits and exclusions.

Extent of building coverage is determined by the association's covenants. Please refer to the insurance section of this document for details pertaining to association and unit owner responsibilities.

Locations must be shown on policy for coverage to apply.

Separation of Insureds is included.

Building Ordinance/Law is included:  
 A - Undamaged portion of Building is included in Building Limit  
 B - Demolition Cost & C - Increased Cost of Construction is \$1,000,000 - Coverages B & C Combined

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an insured:

Summit Resort Group  
 PO Box 2590  
 350 Lake Dillon Drive  
 Dillon, CO 80435



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CARRIER	NAIC CODE	(Empty)	

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**FORM NUMBER: 25    FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers.