



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
06/10/2023

**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.**

<b>PRODUCER</b> Layne Insurance Agency 234 N. Main St Suite 1B Gunnison, CO 81230	<b>CONTACT NAME:</b> Chris Layne		
	<b>PHONE (A/C, No. Ext):</b> (970) 641-3641	<b>FAX (A/C, No):</b> (970) 641-5970	
<b>E-MAIL ADDRESS:</b> claynel@farmersagent.com			
<b>PRODUCER CUSTOMER ID:</b>			
<b>INSURED</b> Eagle's Nest Townhouses  31 Marcellina Lane Mt Crested Butte, CO 81225	<b>INSURER(S) AFFORDING COVERAGE</b>		
	<b>INSURER A:</b> Truck Insurance Exchange		21709
	<b>INSURER B:</b> Farmers Insurance Exchange		21652
	<b>INSURER C:</b> Mid Century Insurance Company		21687
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Policy Location:** 31 Marcellina Lane (Unit A, Units 1-16) & 11 Morning Glory Way (Unit B, Units 17-40) Mt Crested Butte, CO, 81225.  
 This policy provides 'bare-walls'/'studs-only' coverage for interior condo units.

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	
<b>A</b>	<input checked="" type="checkbox"/> <b>PROPERTY</b>	607205458	06/10/2023	06/10/2024	<input checked="" type="checkbox"/> <b>BUILDING</b>	\$16,028,600	
	<b>CAUSES OF LOSS</b>				<b>DEDUCTIBLES</b>	<input checked="" type="checkbox"/> <b>PERSONAL PROPERTY</b>	\$78,700
	<input type="checkbox"/> <b>BASIC</b>				10,000	<input type="checkbox"/> <b>BUSINESS INCOME</b>	\$
	<input type="checkbox"/> <b>BROAD</b>				<b>CONTENTS</b>	<input type="checkbox"/> <b>EXTRA EXPENSE</b>	\$
	<input checked="" type="checkbox"/> <b>SPECIAL</b>				10,000	<input type="checkbox"/> <b>RENTAL VALUE</b>	\$
	<input type="checkbox"/> <b>EARTHQUAKE</b>					<input type="checkbox"/> <b>BLANKET BUILDING</b>	\$
	<input checked="" type="checkbox"/> <b>WIND</b>				10,000	<input type="checkbox"/> <b>BLANKET PERS PROP</b>	\$
	<input type="checkbox"/> <b>FLOOD</b>					<input type="checkbox"/> <b>BLANKET BLDG &amp; PP</b>	\$
<b>A</b>	<input checked="" type="checkbox"/> <b>Replace</b>	Cost			<input checked="" type="checkbox"/> <b>GRC</b>	\$	
<b>A</b>					<b>J6848-ED1</b>	\$	
	<b>INLAND MARINE</b>	<b>TYPE OF POLICY</b>				\$	
	<b>CAUSES OF LOSS</b>					\$	
	<b>NAMED PERILS</b>	<b>POLICY NUMBER</b>				\$	
<b>A</b>	<input checked="" type="checkbox"/> <b>CRIME</b>	607205458	06/10/2023	06/10/2024	<input checked="" type="checkbox"/> <b>Emp. Dishon.</b>	\$125,000	
	<b>TYPE OF POLICY</b>				<b>J6350-ED1</b>	\$	
<b>A</b>	<input checked="" type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	607205458	06/10/2023	06/10/2024	<input checked="" type="checkbox"/> <b>J6612-ED2</b>	\$	
<b>A</b>	<b>Comm Liability</b>	607205458	06/10/2023	06/10/2024	<input checked="" type="checkbox"/> <b>Per Occur</b>	\$1,000,000	
<b>A</b>	<b>Directors &amp; Officers</b>	607205458	06/10/2023	06/10/2024	<input checked="" type="checkbox"/> <b>Per Occur</b>	\$Included	

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Unit Owner:** This certificate of insurance is provided as evidence of insurance for Eagle's Nest Townhomes condo association and does not extend insurance coverage to the certificate holder.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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