



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).**

<b>PRODUCER</b> Mesrow Insurance Services, Inc. 353 N. Clark Street Chicago, IL 60654	CONTACT NAME: Certificate Hotline		
	PHONE 312-595-8109	FAX (A/C, No) 312-595-4331	
	E-MAIL ADDRESS: condocerts@alliant.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
<b>INSURED</b> Country Club Townhomes Corporation PO Box 6159 Snowmass Village, CO 81615	INSURER A: American Alternative Insurance Corp		19720
	INSURER B: Travelers Casualty Ins. Co. of America		19046
	INSURER C: Greenwich Insurance Company		22322
	INSURER D: Employers Preferred Ins. Co.		10346
	INSURER E: Continental Casualty Company		20443
INSURER F:			

**COVERAGES**                      **CERTIFICATE NUMBER: 182878**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS			
A	<b>GENERAL LIABILITY</b>					CAU515171	10/01/2019	10/01/2020	EACH OCCURRENCE	\$1,000,000		
	x	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (each occurrence)	\$1,000,000		
		CLAIMS-MADE	x OCCUR						MED EXP (Any one person)	\$5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$1,000,000		
		POLICY	PROJECT LOC						GENERAL AGGREGATE	\$2,000,000		
									PRODUCTS - COMP/OP AGG	\$1,000,000		
B	<b>AUTOMOBILE LIABILITY</b>					BA0P99835A	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Each accident)	\$1,000,000		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	x	HIREN AUTOS	x NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
C	x	<b>UMBRELLA LIAB</b>	x OCCUR			PENDING	10/01/2019	10/01/2020	EACH OCCURRENCE	\$15,000,000		
		<b>EXCESS LIAB</b>	CLAIMS-MADE						AGGREGATE	\$15,000,000		
		DED	RETENTION \$0							\$		
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					EIG2919703	10/01/2019	10/01/2020	x WC STATUTORY LIMIT	OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH).								Y/N	N/A	E.L. EACH ACCIDENT	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below.								N		E.L. DISEASE - EA EMPLOYEE	\$500,000
											E.L. DISEASE - POLICY LIMIT	\$500,000
	<b>Other</b>											
A	Property					CAU515171	10/01/2019	10/01/2020	Guaranteed Replacement Cost			
E	Crime					618875308	10/01/2019	10/01/2019	500,000 / 2,500 Deductible			
E	Dir's & Offc's Liab					618875308	10/01/2019	10/01/2020	1,000,000 / 1,000 Deductible			
A	Boiler & Machinery					CAU515171	10/01/2019	10/01/2020	Guaranteed Replacement Cost			

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

Total of 90 units; Separation of Insureds. Special form, replacement cost, coinsurance waived - agreed amount, Ordinance or Law. Crime includes property manager as an employee.

<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 John Harney 

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