



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 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 Alliant 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	
INSURED Country Club Townhomes Corporation PO Box 6159 Snowmass Village, CO 81615 dba Snowmass Country Club Townhomes Owners Association	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: American Alternative Insurance Corp	19720
	INSURER B: Travelers Casualty Ins. Co. of America	19046
	INSURER C: Greenwich Insurance Company	22322
	INSURER D: Pinnacol Assurance Company	41190
	INSURER E: Continental Casualty Company	20443
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 314988 **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/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY			CAU5151716	10/01/2024	10/01/2025	EACH OCCURRENCE	\$1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (each occurrence)	\$1,000,000			
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input type="checkbox"/>				OCCUR				
								MED EXP (Any one person)	\$5,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$1,000,000	
	<input type="checkbox"/> POLICY	<input type="checkbox"/>	<input type="checkbox"/>				PROJECT	<input type="checkbox"/>	LOC	GENERAL AGGREGATE	\$2,000,000
									PRODUCTS - COMP/OP AGG	\$1,000,000	
B	AUTOMOBILE LIABILITY			BA0P99835A	10/01/2024	10/01/2025	COMBINED SINGLE LIMIT (Each accident)	\$1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/>				SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				NON-OWNED AUTOS				
						PROPERTY DAMAGE (Per accident)	\$				
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PPP7499297	10/01/2024	10/01/2025	EACH OCCURRENCE	\$25,000,000			
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/>				CLAIMS-MADE		AGGREGATE	\$25,000,000	
	<input type="checkbox"/> DED		<input type="checkbox"/>				RETENTION \$0			\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1486392	10/01/2024	10/01/2025	<input checked="" type="checkbox"/> 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			

Other							
A Property				CAU5151716	10/01/2024	10/01/2025	GRC*/\$10,000 Ded.
E Crime				618875308	10/01/2024	10/01/2025	\$1,500,000 / 2,500 Deductible
E Dirs & Offrs Liab				618875308	10/01/2024	10/01/2025	\$1,000,000 / 1,000 Deductible
A Boiler & Machinery				CAU5151716	10/01/2024	10/01/2025	GRC*/\$10,000 Ded.

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, guaranteed replacement cost, coinsurance waived - agreed amount, Ordinance or Law. Crime includes property manager as an employee. *Guaranteed Replacement Cost.

CERTIFICATE HOLDER	CANCELLATION
	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