

TAMARAH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/14/2025

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.

	SUBROGATION IS WAIVED, subject sertificate does not confer rights to						require an endors	sement.	A state	ment on
PROD	UCER			CONTACT NAME:						
	tain West Insurance - Glenwood Centennial St 4th Floor			PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 9				70) 945	-2350	
	wood Springs, CO 81601	E-MAIL ADDRESS:								
		INSURER(S) AFFORDING COVERAGE						NAIC#		
		INSURER A: Northfield Insurance Company					27	987		
INSUR	ED			INSURER B: Scottsdale Insurance Company				41	297	
	Three Seasons Condominiu	INSURER C: The PMA Insurance Companies								
	c/o Crested Butte Lodging a PO Box 5037	INSURER D: Travelers Casualty and Surety Company of America					ca 31	194		
	Mt Crested Butte, CO 81225	INSURER E:								
		INSURER F:								
COV	ERAGES CER	REVISION NUMBER:								
INE	IS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB.	RESPECT	T TO WH	IICH THIS
NSR LTR	TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$		1,000,000
	CLAIMS-MADE X OCCUR		WS586300		5/3/2025	5/3/2026	DAMAGE TO RENTED PREMISES (Ea occurrent	nce) \$		100,000
							MED EXP (Any one pers	son) \$		5,000
							l			1.000.000

X COMMERCIAL GENERAL LIABILITY			······	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		WS586300	5/3/2025	5/3/2026	DAMAGE TO RENTED	\$	100,000
					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO		WS586300	5/3/2025	5/3/2026	BODILY INJURY (Per person)	\$	
					BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
X EXCESS LIAB CLAIMS-MADE		CXS4051372	5/3/2025	5/3/2026	AGGREGATE	\$	5,000,000
DED X RETENTION\$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER X OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	Δ	2025010882324Y	5/3/2025	5/3/2026	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)	^				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Crime		106528691	5/3/2025	5/3/2026	Fidelity		350,000
Directors & Officers		106528691	5/3/2025	5/3/2026	Claim/Aggregate		1,000,000
	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OWNERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Crime	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X HIRED AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ OWNERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Crime	CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Crime WS586300 WCS586300 CXS4051372 CXS4051372 AVS 2025010882324Y	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X LYON-OWNED AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/RMEMER EXCLUDED? ((Mandatory in NH)) If yes, describe under DESCRIPTION OF OPERATIONS below Crime WS586300 5/3/2025 CXS4051372 CXS4051372 5/3/2025	CLAIMS-MADE X OCCUR WS586300 5/3/2025 5/3/2026	CLAIMS-MADE X OCCUR WS586300 S/3/2025 S/3/2026 S/3/2026 S/3/2026 SAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY AUTOS	CLAIMS-MADE X OCCUR WS586300 S/3/2025 S/3/2026 S/3/2026 DAMAGE TO RENTED S PREMISES (E.a. OCCURTED) REMISES (E.a. OCCURTE

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

CERTIFICATE HOLDER	CANCELLATION				
Unit Owners Copy	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				

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED				
Mountain West Insurance - Glenwood		Three Seasons Condominium Owners' Association, Inc C/O Crested Butte Lodging and Property Management PO Box 5037 Mt Crested Butte, CO 81225				
POLICY NUMBER						
SEE PAGE 1						
CARRIER NAIC CODE						
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SFF PAGE 1				

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage Information

Replacement Cost Valuation Applies // 56 units // Multiple Deductibles

Total Insurable Value Including Building Limit & Business Personal Property - \$30,505,000

\$25,000 deductible 5% Wind/Hail deductible - \$100,000 minimum \$100,000 Water Damage deductible \$25,000 Equipment Breakdown deductible

See attached Unit Owner Letter for how property coverage applies

Property Policy - 1st Layer - Summit Specialty Insurance - SESP0060003132-00

Effective: 05/03/25-05/03/26 Limit: Primary \$10,000,000 Special Causes of Loss Ordinance and Law: Coverage A – 10,000,000

Coverage B & C Combined - \$500,000 Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A Inflation Guard: N/A

Equipment Breakdown: \$10,000,000

Sewer Backup - \$50,000
Wind/Hail Coverage: Included
Condominium Endorsement: Yes
Separation of Insured: Yes

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Notice of Cancellation: 10 Days for Non-Payment or Premium Minimum 30 Days All Other Reasons

Property Policy - 2nd Layer - Homeland Insurance Company of New York - 795029608

Effective: 05/03/25-05/03/26

Limit: \$20,505,000



Mountain West Insurance & Financial Services, LLC

201 Centennial St. 4th Floor, Glenwood Springs, CO 81601 (800) 390-0559 toll-free (970) 945-9111 office (970) 945-2350 fax www.mtnwst.com

5/5/2025

RE: Three Seasons Condominium Owners' Association, Inc

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Three Seasons Condominium Owners' Association, Inc, and we look forward to servicing the Association's insurance needs for this coming year. We believe we bring the best value to our Association clients and that is a combination of comprehensive coverage at very competitive premiums.

The Association's Master Insurance Policy has been written to comply with the insurance requirements outlined in the Association Declarations.

The Association is to insure the following:

- ⇒ Common Elements (buildings, structures and common areas)
- ⇒ Limited Common Elements (outdoor decks, patios, etc.)
- ⇒ The commercial and/or residential units but only up to and including the unfinished drywall

AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:

Owners are responsible for insurance on the following:

(Questions to ask your individual insurance agent)

- ⇒ All interior surfaces of the walls, floors and ceilings including appliances, cabinets, fixtures and equipment, including any improvements and upgrades installed by previous or current unit owners
 - (Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws?)
- ⇒ Contents furniture, furnishings and other personal property (Do I have replacement cost coverage or actual cash value?)
- ⇒ Loss of rental income / loss of use / loss of assessments (What limits are available? Does the loss assessment coverage apply towards an association deductible?)
- ⇒ Personal liability
 (Does my policy have rental restrictions? Does my umbrella extend to this policy?)

Please refer to the insurance section of the Association Declarations for further information regarding insurance requirements for both the Association and the individual Unit Owner.

Please send all insurance certificate requests you receive from your lender to assncert@mtnwst.com

If you have any questions or need any further clarification, please give me a call.

Sincerely,

Meghan Wilson

Meghan Wilson Commercial Lines Agent



Mountain West Insurance & Financial Services, LLC

201 Centennial St. 4th Floor, Glenwood Springs, CO 81601 (800) 390-0559 toll-free (970) 945-9111 office (970) 945-2350 fax www.mtnwst.com

Association Residential Unit Owner's Insurance Coverage Fact Sheet

(Questions to ask your individual insurance agent)

Interior Building coverage - The unit owner's policy can cover the portions of the unit interior which the owner is responsible to insure, per the declarations and by-laws.

Q. Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws of the association?

Personal Property coverage - The policy covers the personal belongings at the location of the unit, such as furniture, dishes, clothing, etc.

Q. Do I have replacement cost coverage or actual cash value?

Loss of Rental Income/or Loss of Use - In the event of a covered loss and the unit is found not fit to live in, the policy will provide coverage for additional living expenses (primary or secondary home) or loss of rental income (rental property) until the unit is repaired.

Q. What limits are available?

Loss Assessment coverage - The policy will pay for your share of a loss assessment charged against unit owners as a result of a loss to the property owned by the association or for a bodily injury or property damage liability claim against the association. Loss Assessment coverage is subject to coverage and exclusions in the unit owner's policy. The policy may also provide some coverage towards the association deductible.

Q. What limits are available? Does loss assessment coverage apply towards an association deductible?

Personal Liability - The policy provides liability coverage in the unit. Coverage would apply if the unit owner is found to be legally liable for a claim of bodily injury or property damage. Most unit owner's policies can provide limits up to \$500,000.

Q. Does my Umbrella policy extend to this policy? Does my policy have any rental restrictions?