



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2019

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 Mountain West Insurance - Glenwood PO Box 1576 Glenwood Springs, CO 81602	CONTACT NAME: Dawndrea Morse PHONE (A/C, No, Ext): 128225 FAX (A/C, No):
	E-MAIL ADDRESS: dawndream@mtnwst.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Chubb Custom Insurance Co.	38989
INSURER B : Progressive Insurance Company	24260
INSURER C : National Surety Corporation	21881
INSURER D : Travelers Property Casualty Company of America	25674
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 1** **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	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			35911062WCE	1/1/2020	1/1/2021	EACH OCCURRENCE	1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	1,000,000
							MED EXP (Any one person)	10,000
							PERSONAL & ADV INJURY	1,000,000
							GENERAL AGGREGATE	2,000,000
							PRODUCTS - COMP/OP AGG	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:								
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01677452-9	12/21/2019	6/21/2020	COMBINED SINGLE LIMIT (Ea accident)	1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			TBD	1/1/2020	1/1/2021	EACH OCCURRENCE	15,000,000
							AGGREGATE	15,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below								
A	Property Section			35911062WCE	1/1/2020	1/1/2021	Building	63,523,042
D	Fidelity Section			106038620	1/1/2020	1/1/2021	Fidelity	400,000

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED Antlers Condominium Association, Inc 680 Lionshead Place Vail, CO 81657	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE 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
****Replacement Cost Coverage Applies** 96 Units / \$10,000 Deductible**

Ordinance and Law:
Coverage A - Included
Coverage B - Included
Coverage C - Included
Coinsurance: N/A - Not applicable to Property coverage
Agreed Amount Endorsement: No
Inflation Guard: No
Equipment Breakdown: Included
Wind/Hail Coverage: Included
Separation of Insured: Included in GL form 80-02-2000
Fidelity Bond: Non-compensated employees included: Yes
Directors and Officers, Travelers Policy # 106038620 - \$1,000,000 limit
Additional Defense Limit: \$1,000,000 / \$5,000 Deductible

Umbrella 2nd Layer - Continental Casualty Company – Policy # TBD – Occurrence / Aggregate Limit: \$10,000,000 /// Retained Limit: \$15,000,000