PANORAN-01

SAMIB



CERTIFICATE OF LIABILITY INSURANCE

9/16/2020

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).

	his certificate does not confer rights							require an end	iorsemen	i. A 5	latement on
PRO	DDUCER				CONTA NAME:	СТ					
	untain West Insurance - Glenwood Centennial St 4th Floor	PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350									
	nwood Springs, CO 81601				E-MAIL ADDRE	SS:					
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Liberty	Mutual Ins	urance			41785
INSU	URED				INSURER B: Travelers Property Casualty Company of America				25674		
Panorama Ranches Homeowners c/o Silver Mountain Properties				sociation	INSURER C:						
	326 Hwy 133 Suite 120	ues			INSURER D:						
	Carbondale, CO 81623				INSURER E:						
					INSURE	RF:					
CO	VERAGES CE	RTIFI	CATE	E NUMBER: 1				REVISION NUI	MBER:		
IN C	'HIS IS TO CERTIFY THAT THE POLIC NDICATED. NOTWITHSTANDING ANY EERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUCI	REQU Y PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WI ED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR TYPE OF INCUPANCE			DL SUBR SD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
A A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD		(WIWI/DD/TTTT)		(IVIIVI/DD/TTTT)	EACH OCCURRENCE \$		1,000,000	
	CLAIMS-MADE X OCCUR			BKS55742277		9/20/2020	9/20/2021	DAMAGE TO RENT PREMISES (Ea occ	ED	\$	300,000
								MED EXP (Any one		\$	15,000
		-						PERSONAL & ADV		\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						GENERAL AGGRE		\$	2,000,000
	X POLICY PRO-							PRODUCTS - COM		\$	2,000,000
	OTHER:							THOUSE COM	701 7100	\$	
Α	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIMIT	\$	
	ANY AUTO			BKS55742277		9/20/2020	9/20/2021	BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
	ABTOS GNET									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$	
	EXCESS LIAB CLAIMS-MAD	E						AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
		I N/A						E.L. EACH ACCIDE		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	J N / A	'					E.L. DISEASE - EA	EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
Α	Property			BKS55742277		9/20/2020	9/20/2021	Pumphouse			51,512
В	Crime			106388678		9/23/2020	9/23/2021	Crime			92,000
DES **** 	CCRIPTION OF OPERATIONS / LOCATIONS / VEHI HOA Only, No Residential Coverage, 5	CLES (2 Units	ACORI S, Dec	D 101, Additional Remarks Schedu ductible \$500****	ıle, may b	e attached if mor	e space is requir	red)			
CE	RTIFICATE HOLDER				CANO	ELLATION					
INSURED'S 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.					
					_	RIZED REPRESEI		ek.			

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LOC #: 0



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED Panorama Ranches Homeowners Association c/o Silver Mountain Properties			
Mountain West Insurance - Glenwood					
POLICY NUMBER	326 Hwy 133 Suite 120 Carbondale, CO 81623				
SEE PAGE 1		Carbondate, CO 01023			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: QCC DACC 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 Info

****HOA Only, No Residential Coverage, 52 Units, Deductible \$500****

Property Buildings: Well Pad: \$5,832 Pump House: \$46,680 Total Buildings: \$51,512

Directors & Officers Liability: Travelers Insurance

Policy #: 105995686 Policy Term: 9/20/20-21 Policy Limit: \$1,000,000