LITTELK-01

SAMIB



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/27/2022

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).

tl	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su								
PRODUCER Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601						CONTACT NAME:						
						PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (97					'0) 945-2350	
						E-MAIL ADDRESS:						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
		INSURER A: Travelers Property Casualty Company of America 25674						25674				
INSURED						в: MGAliv	е					
Little Elk Creek Village					INSURER C:							
Home Owners Association PO Box 420					INSURER	D:						
Snowmass, CO 81654					INSURER	tE:						
						INSURER F:						
СО	VERAGES CER	TIFIC	CATE	NUMBER: 1				REVISION NUM	MBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIENDICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORD	N OF AN DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WI ED HEREIN IS S	TH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
Ā	X COMMERCIAL GENERAL LIABILITY						11/11/2023	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			I6605869C29A				DAMAGE TO RENT PREMISES (Ea occ	ED (\$	300,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	2,000,000	
	X POLICY PRO- JECT LOC							PRODUCTS - COM		\$	2,000,000	
	OTHER:									\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			BA8718C861		11/11/2022	11/11/2023	BODILY INJURY (P	er person)	\$		
								BODILY INJURY (P	er accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
										\$		
A	UMBRELLA LIAB X OCCUR					11/11/2022	11/11/2023	EACH OCCURREN	CE	\$	1,000,000	
	X EXCESS LIAB CLAIMS-MADE			CUP5455Y689				AGGREGATE		\$	1,000,000	
	DED X RETENTION \$ 10,000								\$			
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						9/1/2023	X PER STATUTE	X OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		2022011344704Y		9/1/2022		E.L. EACH ACCIDE	NT	\$	1,000,000	
						44/44/2000		E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$	1,000,000	
Α	Crime			106019047			11/11/2023				550,000	
Α	Directors & Officers			106019047		11/11/2022	11/11/2023	Directors & Of	fficers		2,000,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC DMEOWNERS ASSOCIATION REFEREN	LES (A	ACORE OPY	 101, Additional Remarks Schedu ** **No Residential Covera			e space is requir	red)				
CERTIFICATE HOLDER						CANCELLATION						
НОА СОРУ						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										
					\ \sqrt{a}	manst	ha Bu	ek				