

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 08/05/2024

С В	ERT ELO	IFICATE DOE W. THIS CER	S NOT AFFIRM. TIFICATE OF IN	A MATTER OF INFORMATI ATIVELY OR NEGATIVELY NSURANCE DOES NOT CO R, AND THE CERTIFICATE	AMEND, EXT NSTITUTE A	TEND OR ALTER 1	THE COVERAGE	٩FFG	ORDED BY THE	POLICIE	S	
PRO	DUCE	R				CONTACT Caryn Smith						
Rob	ert H	larris Insurance	Agency, Inc.								14) 619-4481	
Lic.	#021	16736				E-MAIL caryn@reharris.com						
315	0 Bri	stol St., Suite 20	00			PRODUCER 00006041 CUSTOMER ID: 00006041						
Cos	ta M	esa		CA	92626	INSURER(S) AFFORDING COVERAGE					NAIC #	
INSU	RED					INSURER A: Phi	INSURER A : Philadelphia Insurance Companies					
Firs	t We	stwind at Vail C	ondominium Asso	ociation		INSURER B: Community Association Insurance Solutions, LLC						
		Management				INSURER C :						
		6130			04000	INSURER D :	INSURER D :					
Avo	n			CO	81620	INSURER E :						
					04.05 Data	INSURER F :						
				CERTIFICATE NUMBER:	24-25 Prop			REV	ISION NUMBE	R:		
Tł IN Cl	LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Loc# 00001: 548 S. Frontage Road Vail CO 81657 - # of Buildings: 2; #of Units : 35 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.											
				POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)				LIMITS	
	×	PROPERTY					. ,	×	BUILDING	s	26,950,000	
		I JSES OF LOSS	DEDUCTIBLES					<u> </u>	PERSONAL PROPE			
		BASIC BUILDING		-					BUSINESS INCOM			
		BROAD	20,000 CONTENTS	-		08/01/2024	08/01/2025		EXTRA EXPENSE	\$		
	×	SPECIAL							RENTAL VALUE	\$		
A		EARTHQUAKE		PHPK2581037					BLANKET BUILDIN	G \$		
$ ^{\sim}$		WIND		- FTIFR2301037					BLANKET PERS PF	ROP \$		
		FLOOD							BLANKET BLDG & I	PP \$		
	\times	Special	72					\times	Building Ordina	nce 💲	1,500,000	
	\times	Special	20,000					$ \times$	Business Incom	ne _{\$}	300,000	
		INLAND MARINE		TYPE OF POLICY						\$		
	CAL	JSES OF LOSS								\$		
	NAMED PERILS			POLICY NUMBER						\$		
									Employee Th "		\$	
						08/01/2024	00/04/0005		Employee Theft		125,000	
В				4124011101252Y			08/01/2025		Computer & Fu	φ	125,000	
									Deductible		1,000	
А	BOILER & MACHINERY / EQUIPMENT BREAKDOWN		EAKDOWN	PHPK2581037		08/01/2024	08/01/2025	<u> </u>	Limit Deductible	μΨ	Policy Limit	
<u> </u>								-	Denneinne		10,000	
								┣─		\$		
			-	ACORD 101, Additional Remarks Sch 125% Valuation per Extended		-	s required)	1	1	\$		
		ICATE HOLDE	P			CANCELLATI						
		Unit Ow				SHOULD ANY THE EXPIRAT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
		Crint OW		со		AUTHORIZED REP						
						© 1995-2015 ACORD CORPORATION. All rights reserved.						

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/19/2024

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).											
	CONTACT Copy Smith										
	ert Harris Insurance Agency, Inc.				PHONE (714) 610-4480 FAX (714) 610-4481						
	#0216736	E-MAIL carvn@rebarris.com									
3150 Bristol St., Suite 200						ADDRESS: 7					
Costa Mesa CA 92626						INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Companies					
INSURED						INSURER B : Midvale Indemnity Company					
First Westwind at Vail Condominium Association						INSURER C :					
c/o Vail Management						RD:					
PO Box 6130						RE:					
	Avon			CO 81620	INSURE						
CO	/ERAGES CER	TIFIC	ATE	NUMBER: 24-25 GL Mas				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 POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ 1,00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$		0,000	
								MED EXP (Any one person)	\$ 5,00	0	
A				PHPK2581037		08/01/2024	08/01/2025	PERSONAL & ADV INJURY	1 000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_{\$} 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} 2,00	0,000	
	OTHER:								\$		
							08/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)			
A	OWNED SCHEDULED AUTOS ONLY AUTOS			PHPK2581037	PHPK2581037			BODILY INJURY (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$			
	WINBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		DDD00000400000075000			00/01/2024	09/01/2025	EACH OCCURRENCE	φ	00,000	
В				PRP229824000002875288	08/01/2024	08/01/2025	AGGREGATE	_{\$} 25,0	00,000		
	DED RETENTION \$							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		A					PER OTH- STATUTE ER			
								E.L. EACH ACCIDENT	\$		
								E.L. DISEASE - EA EMPLOYEE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
А				PHPK2581037		08/01/2024	08/01/2025				
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more s	bace is required)				
Location Address: 548 S. Frontage Road, Vail, CO 81657 # of Buildings: 1 # of Units: 35 CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium											
	TIFICATE HOLDER	CANCELLATION									
Unit Owner 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						

© 1988-2015 ACORD CORPORATION. All rights reserved.