

DATE (MM/DD/YYYY)
9/4/2025

CERTIFICATE OF LIABILITY INSURANCE

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 201 Centennial St 4th Floor Glenwood Springs, CO 81601	CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9111	FAX (A/C, No): (970) 945-2350
		E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE
INSURED	Twenty Four aka The Residences At Crystal Springs, Inc. c/o Destination Holdings, LLC 333 River Valley Drive Carbondale, CO 81623	INSURER A : American Alternative Insurance Corporation	19720
		INSURER B : SiriusPoint American Insurance Company	38776
		INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERS **CERTIFICATE NUMBER:** **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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CAU5017045	9/6/2025	9/6/2026	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	OTHER:						MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						PERSONAL & ADV INJURY	\$ 1,000,000
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Hired Non Owned	\$ 1,000,000
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR						COMBINED SINGLE LIMIT (Ea accident)	\$
	EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						BODILY INJURY (Per accident)	\$
	PROPERTY DAMAGE (Per accident)							\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A	2025010932392Y	9/6/2025	9/6/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT		\$ 1,000,000					
	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000					
	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000					
A Property			CAU5017045	9/6/2025	9/6/2026	Building	29,645,000	
A Crime			CAU5017045	9/6/2025	9/6/2026	Employee Dishonesty	150,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
see attached for additional coverages

CERTIFICATE 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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West Insurance - Glenwood	NAMED INSURED Twenty Four aka The Residences At Crystal Springs, Inc. c/o Destination Holdings, LLC 333 River Valley Drive Carbondale, CO 81623	
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 Information

Guaranteed Replacement Cost Valuation Applies // 22 units // \$10,000 deductible

See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss

Ordinance and Law:

Coverage A - Included

Coverage B - \$1,000,000

Coverage C - \$1,000,000

Coinsurance: N/A – Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost

Inflation Guard: N/A – Guaranteed Replacement Cost

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Separation of Insured: Included

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

Directors and Officers Liability

Carrier: Continental Casualty Co

Policy #: 768575823

Policy Term: 9/6/2025 to 9/6/2026

Limit: \$1,000,000



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

9/4/2025

RE: Twenty Four aka The Residences At Crystal Springs, Inc.

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Twenty Four aka The Residences At Crystal Springs, 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.)**
- ⇒ **Property included in units which were initially installed in accordance with the association's original plans and specifications**

AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:

Owners are responsible for insurance on the following:

- ⇒ **Any building improvements & upgrades installed in the units 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, CIC
Commercial Lines Agent
970-384-8239



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201 Centennial St. 4th Floor, Glenwood Springs, CO 81601

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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?*



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