

CERTIFICATE OF LIABILITY INSURANCE

DAWNDREAM

DATE (MM/DD/YYYY) 1/6/2025

PARKEAS-01

CEF BEL	S CERTIFICATE IS ISSUED AS A								6/2025
	RTIFICATE DOES NOT AFFIRMATI .OW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AN	IVELY SURAN	OR NCE	NEGATIVELY AMEND, E DOES NOT CONSTITUTE	XTEND OR ALT	FER THE CO	OVERAGE AFFORDED	BY TH	E POLICIES
lf S	ORTANT: If the certificate holder UBROGATION IS WAIVED, subject certificate does not confer rights to	ct to t	the t	terms and conditions of the	e policy, certain	policies may			
PRODU	v				ONTACT Dawndre				
Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601					NAME: PHONE FAX (A/C, No, Ext): (970) 384-8225				
					E-MAIL ADDRESS: dawndream@mtnwst.com				
	3.,						RDING COVERAGE		NAIC #
					INSURER A : American Alternative Insurance Corporation				
INSURED Park East Subdivision Homeowners Association, Inc. PO Box 3351 Glenwood Springs, CO 81602					INSURER B :				
					INSURER C :				
					INSURER D :				
					INSURER E :				
					INSURER F :				
				NUMBER: 1			REVISION NUMBER:		
INDI CER EXC	IS TO CERTIFY THAT THE POLICIE CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	equiri Pert <i>i</i> Polici	EME AIN, IES. L	NT, TERM OR CONDITION C THE INSURANCE AFFORDED	OF ANY CONTRA D BY THE POLIC EN REDUCED BY	CT OR OTHEF IES DESCRIE PAID CLAIMS	R DOCUMENT WITH RESPI	ECT TO	WHICH THIS
INSR LTR	I TPE OF INSURANCE	ADDL SI INSD V	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A [)							EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
_			C	CAU5050146	1/1/2025	1/1/2026	PREMISES (Ea occurrence)	\$	1,000,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	EN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	1,000,000
Ľ							PRODUCTS - COMP/OP AGG	\$	1,000,000
A							COMBINED SINGLE LIMIT	\$	1,000,000
				CAU5050146	1/1/2025	1/1/2026	(Ea accident)	\$	1,000,000
	OWNED SCHEDULED			5705050140	1/1/2023	1/1/2020	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$ \$	
)							PROPERTY DAMAGE (Per accident)	\$ \$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$						AGONEGATE	\$	
w	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	¥/N						E.L. EACH ACCIDENT	\$	
	NY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. DISEASE - EA EMPLOYEE		
D	yes, describe under ESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	irectors & Officers idelity Section			CAU5050146 CAU5050146	1/1/2025 1/1/2025	1/1/2026 1/1/2026	Occurrence/Aggregate Fidelity		1,000,000 150,000

AUTHORIZED REPRESENTATIVE

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