

ACORD™ CERTIFICATE OF PROPERTY INSURANCE

DATE
07/19/2019

PRODUCER
Wall Street Insurance
PO Box 20
Edwards, CO 81632
(970)926-4900 (office)
(970)926-4200 (fax)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	TRAVELERS INSURANCE COMPANY OF AMERICA
COMPANY B	FEDERAL INSURANCE COMPANY
COMPANY C	TRAVELERS CASUALTY AND SURETY CO OF AMERICA
COMPANY D	

INSURED
Snow Lion at Vail Assn
PO Box 6130
Avon, CO 81620

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> FLOOD	680-9C423988	06/30/2019	06/30/2020	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> PERSONAL PROPERTY <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> BLANKET BUILDING <input type="checkbox"/> BLANKET PERS PROP <input type="checkbox"/> BLANKET BLDG & PP	\$11,662,718 \$ \$ \$ \$ \$ \$Ded 5,000 \$
	<input type="checkbox"/> INLAND MARINE TYPE OF POLICY CAUSES OF LOSS <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> OTHER				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ \$ \$ \$ \$ \$
B	<input checked="" type="checkbox"/> DIRECTOR & OFFICERS	105959433	06/30/2019	06/30/2020	<input checked="" type="checkbox"/> DIRECTORS & OFFICERS <input type="checkbox"/>	\$1,000,000 \$ \$
	<input type="checkbox"/> BOILER & MACHINERY				<input type="checkbox"/> <input type="checkbox"/>	\$ \$
C	<input checked="" type="checkbox"/> UMBRELLA	79890860	06/30/2019	06/30/2020	UMBRELLA	\$1,000,000

LOCATION OF PREMISE/DESCRIPTION OF PROPERTY

SPECIAL CONDITIONS/OTHER COVERAGES

Liability Limits - \$1,000,000 each occurrence, \$2,000,000 aggregate * Employee Dishonesty/Fidelity \$450,000
Bldg Coverage 100% replacement cost * Units 26

CERTIFICATE HOLDER

CANCELLATION

Owners Copy

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL ___ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

