

DAWNDREAM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2023

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

tl	his certificate does not confer rights to	the	certi	ficate holder in lieu of su							
PRC	DDUCER				CONTA NAME:	^{CT} Lori Mind	or				
Glenwood Springs, CO 81601						PHONE (A/C, No, Ext): (505) 566-4658 FAX (A/C, No):					
						E-MAIL ADDRESS: Iorim@mtnwst.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A: Travelers Property Casualty Company of America				25674	
INSURED Buck Creek Plaza Condominium Owners Association						INSURER B: Travelers Casualty and Surety Company of America					
						INSURER C:					
	c/o HGC, Inc. PO Box 5186					INSURER D:					
Vail, CO 81658					INSURE						
					INSURER F:						
CO	OVERAGES CER	TIFIC	CATE	NUMBER: 1				REVISION NUMBER:			
	THIS IS TO CERTIFY THAT THE POLICIE				HAVE B	EEN ISSUED T			HE POI	LICY PERIOD	
11	NDICATED. NOTWITHSTANDING ANY RI	EQUI	REM	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	T OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F								O ALL	THE TERMS,	
INSR TYPE OF INSURANCE ADDL SUINSD W					DOLICY EEE DOLIC						
A		INSD	WVD	TOLIOT HOMBER		(MIM/DD/YYYY)	(IVIIVI/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE OCCUR			6804P472538		1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000	
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ., 2020			5,000	
								MED EXP (Any one person)	\$	1,000,000	
								PERSONAL & ADV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC							GENERAL AGGREGATE	\$	2,000,000	
								PRODUCTS - COMP/OP AGG HIRED AND NONOW	\$	Included	
Α	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000	
				C004D472F20		4/4/2024	4/4/2025	(Ea accident)	\$	1,000,000	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS			6804P472538		1/1/2024	1/1/2025	BODILY INJURY (Per person)	\$		
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	If ves. describe under							E.L. DISEASE - EA EMPLOYEE	\$		
۸	DÉSCRIPTION OF OPERATIONS below Property Section			6804P472538		1/1/2024	1/1/2025	E.L. DISEASE - POLICY LIMIT Building	\$	8,595,529	
A	Fidelity Section			107036704		1/1/2024		Fidelity		200,000	
D	Fidelity Section			107030704		1/1/2024	1/1/2025	ridenty		200,000	
	CCRIPTION OF OPERATIONS / LOCATIONS / VEHICL see Notes For Additional Coverages**	ES (A	ACORE	D 101, Additional Remarks Schedu	le, may b	e attached if more	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Unit Owners 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 THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					