



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

06/30/2023

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.

<b>PRODUCER</b> Layne Insurance Agency 234 N. Main St Suite 1B Gunnison, CO 81230	<b>CONTACT NAME:</b> Christopher Layne <b>PHONE (A/C, No. Ext):</b> (970) 641-3641 <b>FAX (A/C, No):</b> (970) 641-5970 <b>E-MAIL ADDRESS:</b> claynel@farmersagent.com <b>PRODUCER CUSTOMER ID:</b>														
<b>INSURED</b> WoodCreek Condo Association  Wanda Bearth PO Box 4034 c/o Crested Butte Lodging & PM Crested Butte, CO 81224	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Truck Insurance Exchange</td> <td>21709</td> </tr> <tr> <td>INSURER B: Farmers Insurance Exchange</td> <td>21652</td> </tr> <tr> <td>INSURER C: Mid Century Insurance Company</td> <td>21687</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Truck Insurance Exchange	21709	INSURER B: Farmers Insurance Exchange	21652	INSURER C: Mid Century Insurance Company	21687	INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Condo Property Location 400 Gothic Rd, Mt Crested Butte, CO 81225

HOA consists of 1 Bld 30 Units, Endorsement E3418 provides in-unit coverage known as inclusive walls in, wall to wall current construction including betterments and improvements.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	PROPERTY	045939177	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> BUILDING	\$16,552,400	
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$34,200	
	DEDUCTIBLES				BUSINESS INCOME	\$	
	BASIC				BUILDING	\$	
	BROAD				5,000	EXTRA EXPENSE	\$
	SPECIAL				5,000	RENTAL VALUE	\$
	EARTHQUAKE				5,000	BLANKET BUILDING	\$
A	WIND	E6097 Endorsement	07/01/2023	07/01/2024	BLANKET PERS PROP	\$	
	FLOOD				BLANKET BLDG & PP	\$	
A	Replace Cost	Condo Unit Interior	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> 150%	\$	
A	E3418				<input checked="" type="checkbox"/> Included	\$	
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
A	<input checked="" type="checkbox"/> CRIME	045939177	07/01/2023	07/01/2024	<input checked="" type="checkbox"/> Emp Dishon	\$100,000	
	TYPE OF POLICY					\$	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	045939177	07/01/2023	07/01/2024		\$	
A	Comm Liability	045939177	07/01/2023	07/01/2024	Per Occur.	\$1,000,000	
					Aggregate	\$2,000,000	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Unit Owner:

400 Gothic Rd, Unit  
Mt. Crested Butte, CO 81225

**CERTIFICATE HOLDER****CANCELLATION**

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

CHRISTOPHER LAYNE