

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/10/2023

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER	CONTACT Dam Lingres									
					NAME: Fam Linates					
Robert Harris Insurance Agency, Inc. Lic. #0216736					(A/C, No, Ext): (714) 015-4400 (A/C, No): (714) 015-4401					
					ADDRESS: particularity.com					
3150 Bristol St., Suite 200					INSURER(S) AFFORDING COVERAGE NAI					
Costa Mesa CA 92626										
INSURED					Transland Oscienti Oscience and Anna					
Woodbridge Inn Condominium Association					INSURER C : Travelers Casualty and Surety Co Amer 31194					
c/o Basic Property Management					INSURER D :					
PO BOX 4844					INSURER E :					
Dillon CO 80435 COVERAGES CERTIFICATE NUMBER: 23-24 GL Mast										
	REFICIENT REPERT									
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		WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre		00,000 00,000	
					10/01/2023	10/01/2024	MED EXP (Any one pe	5.0	00	
			CAUE600486-2				PERSONAL & ADV INJ	1 000 000		
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	Lin	imited	
POLICY PRO- JECT LOC							PRODUCTS - COMP/C	1.0	00,000	
OTHER:								\$		
							COMBINED SINGLE L (Ea accident)	IMIT \$		
ANY AUTO							BODILY INJURY (Per p	person) \$		
OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
AUTOS ONLY AUTOS HIRED NUNOSONIX							PROPERTY DAMAGE \$			
AUTOS ONLY AUTOS ONLY								\$		
							EACH OCCURRENCE \$ 5,000		00,000	
B EXCESS LIAB CLAIMS-MADE			PPP7450151		08/23/2023	10/01/2024	AGGREGATE	¥	00,000	
DED KING MINUL							NOOREO/ITE	\$		
WORKERS COMPENSATION							PER STATUTE	OTH- ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC			
		\vdash					Liability Limit		000,000	
C Directors and Officers			105981245		08/23/2023	08/23/2024	Aggregate Limit	\$1,	000,000	
							Deductible	\$0		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Location Address: 400-450 Main Street, Frisco, CO 80443 # of units: 31 # of buildings: 2										
					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.					
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