

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Cert ID 62442

DATE (MM/DD/YYYY)

10/7/2009

|   |  |   |               |
|---|--|---|---------------|
| <b>PRODUCER</b><br>Wells Fargo Ins Services Mountain West,<br>5600 South Quebec Suite 300B<br>Greenwood Village CO 80111-2225<br>(303) 796-7612 |  | 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. |               |
| <b>INSURED</b><br>Brown Homestead Condo Association<br><br>c/o Full Circle HOA Management<br>Mountain Village CO 81435                          |  | <b>INSURERS AFFORDING COVERAGE</b>  | <b>NAIC #</b> |
|   |  | INSURER A: Travelers Indemnity Company of   | 25666         |
|   |  | INSURER B: Travelers Indemnity Company of   | 25666         |
|   |  | INSURER C:  |               |
|   |  | INSURER D:  |               |
|   |  | INSURER E:  |               |


## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE  | POLICY NUMBER     | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------------------|--|-------------------|----------------------------------|-----------------------------------|--|
| B                    | <b>GENERAL LIABILITY</b>   | I6805133M271TTA09 | 9/30/2009                        | 9/30/2010                         | EACH OCCURRENCE \$ 2,000,000                         |
|                      | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |                   |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
|                      | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |                   |                                  |                                   | MED EXP (Any one person) \$ 5,000                    |
|                      |  |                   |                                  |                                   | PERSONAL & ADV INJURY \$ 2,000,000                   |
|                      |  |                   |                                  |                                   | GENERAL AGGREGATE \$ 4,000,000                       |
|                      |  |                   |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 4,000,000                  |
|                      |  |                   |                                  |                                   | Directors and Officers of \$ 1,000,000               |
| A                    | <b>AUTOMOBILE LIABILITY</b>  | I6805133M271TTA09 | 9/30/2009                        | 9/30/2010                         | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|                      | <input type="checkbox"/> ANY AUTO  |                   |                                  |                                   | BODILY INJURY (Per person) \$                        |
|                      | <input type="checkbox"/> ALL OWNED AUTOS                                       |                   |                                  |                                   | BODILY INJURY (Per accident) \$                      |
|                      | <input checked="" type="checkbox"/> SCHEDULED AUTOS                            |                   |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                    |
|                      | <input checked="" type="checkbox"/> HIRED AUTOS                                |                   |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                           |
|                      | <input checked="" type="checkbox"/> NON-OWNED AUTOS                            |                   |                                  |                                   | OTHER THAN EA ACC AUTO ONLY: AGG \$                  |
|                      | <b>GARAGE LIABILITY</b>  |                   |                                  |                                   | EACH OCCURRENCE \$                                   |
|                      | <input type="checkbox"/> ANY AUTO  |                   |                                  |                                   | AGGREGATE \$   |
|                      | <b>EXCESS/UMBRELLA LIABILITY</b>   |                   |                                  |                                   | \$   |
|                      | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE            |                   |                                  |                                   | \$   |
|                      | <input type="checkbox"/> DEDUCTIBLE  |                   |                                  |                                   | \$   |
|                      | RETENTION \$   |                   |                                  |                                   | \$   |
|                      | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |                   |                                  |                                   | WC STATUTORY LIMITS OTH-ER                           |
|                      | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?                      |                   |                                  |                                   | E.L. EACH ACCIDENT \$                                |
|                      | If yes, describe under SPECIAL PROVISIONS below                                |                   |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$                        |
| A                    | <b>OTHER Blanket Building</b>  | I6805133M271TTA09 | 9/30/2009                        | 9/30/2010                         | E.L. DISEASE - POLICY LIMIT \$                       |
|                      |  |                   |                                  |                                   | Spec Form/RC+ Limit \$4,000,000 Deductible %5,000    |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

Evidence of Coverage as respects Master Policy for Brown Homestead Condo Association. Employee Dishonesty Limit, \$50,000/\$5,000 Deductible. Certificate Holder is named as Mortgagee as respects referenced property.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>Full Circle HOA Management<br><br>560 Mountain Village Blvd.<br><br>Mountain Village CO 81435 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br><br>AUTHORIZED REPRESENTATIVE  |
|--|---|