



CERTIFICATE OF LIABILITY INSURANCE

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	Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601	CONTACT Michelle Castilla NAME: PHONE (A/C, No, Ext): (970) 826-3495 E-MAIL ADDRESS: michellec@mtnwst.com	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	Timber Ridge Corporation, A Condominium Association c/o Aspen Places, LLC 600 East Hopkins Avenue, #203 Aspen, CO 81611	INSURER A : American Alternative Insurance Corporation	19720
		INSURER B : Spinnaker Insurance Company	17045
		INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERS

CERTIFICATE NUMBER: 1

REVISION NUMBER:

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CAU5070539	1/29/2026	1/29/2027	EACH OCCURRENCE	\$ 2,000,000								
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000								
							MED EXP (Any one person)	\$ 5,000								
							PERSONAL & ADV INJURY	\$ 2,000,000								
							GENERAL AGGREGATE	\$								
							PRODUCTS - COMP/OP AGG	\$ 2,000,000								
							HNOA LIABILITY	\$ 2,000,000								
							COMBINED SINGLE LIMIT (Ea accident)	\$								
							BODILY INJURY (Per person)	\$								
							BODILY INJURY (Per accident)	\$								
							PROPERTY DAMAGE (Per accident)	\$								
								\$								
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7493446	1/29/2026	1/29/2027	EACH OCCURRENCE	\$ 5,000,000								
							AGGREGATE	\$ 5,000,000								
								\$								
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N / A		2026011671510Y	1/29/2026	1/29/2027	<table border="1"> <tr> <td>PER STATUTE</td> <td>OTHR-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	PER STATUTE	OTHR-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
PER STATUTE	OTHR-ER															
E.L. EACH ACCIDENT	\$ 1,000,000															
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000															
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000															
A	Property			CAU5070539	1/29/2026	1/29/2027	Building	\$ 10,765,000								
A	Crime			CAU5070539	1/29/2026	1/29/2027	Fidelity	\$ 150,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 See remarks for additional coverage information

CERTIFICATE HOLDER

CANCELLATION

Unit Owners Copy
INFORMATIONAL ONLY

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

Michelle Castilla



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West Insurance - Glenwood	NAMED INSURED Timber Ridge Corporation, A Condominium Association c/o Aspen Places, LLC 600 East Hopkins Avenue, #203 Aspen, CO 81611	
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

26-27 Additional Coverage Information

Guaranteed Replacement Cost Valuation Applies // 21 units // \$10,000 deductible

See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss

Ordinance and Law:

Coverage A - Included

Coverage B - \$1,000,000

Coverage C - \$1,000,000

Coinsurance: N/A – Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost

Inflation Guard: N/A – Guaranteed Replacement Cost

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Wind/Hail Deductible: 1%

Separation of Insured: Included

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Notice of Cancellation: 10 Days for Non-Payment of Premium

Minimum 30 Days All Other Reasons

Directors & Officers Liability:

Carrier: American Alternative Insurance Corporation

Policy #: CAU5070539

Policy Term: 1/29/2026 to 1/29/2027

Limit: \$2,000,000

Additional Defense Limit: No

Deductible: \$0