



TIMBRID-03

MICHELLEC

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2026

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

## COVERAGES

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CAU5070539	1/29/2026	1/29/2027	EACH OCCURRENCE \$ <b>2,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>2,000,000</b>
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
							<b>HNOA LIABILITY</b> \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			PPP7493446	1/29/2026	1/29/2027	EACH OCCURRENCE \$ <b>5,000,000</b>
							AGGREGATE \$ <b>5,000,000</b>
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			2026011671510Y	1/29/2026	1/29/2027	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Property			CAU5070539	1/29/2026	1/29/2027	<b>Building</b> <b>10,765,000</b>
A	Crime			CAU5070539	1/29/2026	1/29/2027	<b>Fidelity</b> <b>150,000</b>

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

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

## 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 &amp; 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