



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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.

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858  NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

(970) 726-5982

"PROOF OF INSURANCE"  
BEAR CROSSING OWNERS ASSOCIATION INC

**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

Craig Meyers/AJM

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<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 25682

## COVERAGES

**CERTIFICATE NUMBER:** 19-20 MASTER CERT

**REVISION NUMBER:**

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B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> <b>SPECIAL FORM/REPLACEMENT</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: JUSTIN ALEXANDER, 900 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 286191081. 56 UNITS ARE INCLUDED IN THE BLANKET BUILDING LIMIT. POLICY INCLUDES BUILDING ORDINANCE OR LAW COVERAGE. EMPLOYEE DISHONESTY COVERAGE IS INCLUDED - \$100,000 LIMIT. THE MANAGEMENT COMPANY IS INCLUDED AS AN ADDITIONAL INSURED. THE POLICY DOES NOT INCLUDE BOILER & MACHINERY COVERAGE. COVERAGE IS NOT WALLS-IN. 30 DAYS NOTICE OF CANCELLATION EXCEPT FOR NON-PAYMENT OF PREMIUM WHICH IS 10 DAYS NOTICE. WIND COVERAGE IS INCLUDED.

## CERTIFICATE HOLDER

(415) 228-6506 andrea.miranda@bankofameri  
 BANK OF AMERICA, N.A.  
 ISAOA/ATIMA  
 P O BOX 961291  
 FORT WORTH, TX 76161

## 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

Craig Meyers/AJM

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INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: SCOTT & KRISTI SNAPP, 970 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 10831808307693. NUMBER OF INSURED UNITS - 56.

**CERTIFICATE HOLDER**

(720) 452-9043 sriney@boemortgage.com

BANK OF ENGLAND  
ISAOA  
P O BOX 3490  
LITTLE ROCK, AR 72203

**CANCELLATION**

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CHRISTOPHER M LOWERY, 455 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 0004141255.

**CERTIFICATE HOLDER**

(937) 525-3351

BANK OF OKLAHOMA FINANCIAL N.A.  
DBA COLORADO STATE BANK & TRUST  
ITS SUCCESSORS AND/OR ASSIGNS  
P O BOX 1550  
SPRINGFIELD, OH 45501-1550

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	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT	\$28,129,065	
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR	\$5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CAROL E KERR, 950 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 8801554526.

**CERTIFICATE HOLDER**

(402)918-7236 escrow.department@bankofth

 BANK OF THE WEST, A CALIFORNIA CORPORATION  
 ITS SUCCESSORS AND/OR ASSIGNS,  
 AS THEIR INTERESTS MAY APPEAR  
 P O BOX 1115  
 OMAHA, NE 68101-1115

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858  NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: KENNETH W WOYDZIAK &amp; NELINDA J WOYDZIAK, 335 LOWER BEAR TRAIL, WINTER PARK, CO 80482.

CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 5012091.

**CERTIFICATE HOLDER**

(937) 525-3351

BOKF, NA DBA COLORADO STATE BANK & TRUST  
ITS SUCCESSORS AND/OR ASSIGNS  
P O BOX 1550  
SPRINGFIELD, OH 45501

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

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1/29/2019

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: DANA HUNT & ERIN HUNT, 950 BEAR TRAIL, WINTER PARK, CO 80442. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 2746251642.

**CERTIFICATE HOLDER**

dani@blue-sky-mortgage.com

CALIBER HOME LOANS INC  
ISAOA ATIMA  
P O BOX 7731  
SPRINGFIELD, OH 45501-7731

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

## COVERAGES

**CERTIFICATE NUMBER:** 19-20 MASTER CERT

**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			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000	
	OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident)		
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
							\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE		
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					\$ 5,000,000		
	DED	RETENTION \$					AGGREGATE	\$ 5,000,000	
							\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT		
	<b>SPECIAL FORM/REPLACEMENT</b>						\$28,129,065		
							DEDUCTIBLE PER OCCUR	\$5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: ERIC J GRENIER, 1415 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 903938138.

## CERTIFICATE HOLDER

(843) 413-7194

CAPITAL ONE, NA  
ISAOA, ATIMA  
ATTN: DECIMA BENBOW  
P O BOX 100595  
FLORENCE, SC 29502-0595

## 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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

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1/29/2019

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>FAX (A/C, No):</b> (303) 688-8858 <b>E-MAIL ADDRESS:</b> info@cowest.com														
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Ind CO of Conn</td> <td>25682</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Ind CO of Conn	25682	INSURER B: Greenwich Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Travelers Ind CO of Conn	25682														
INSURER B: Greenwich Insurance Company															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**
**CERTIFICATE NUMBER: 19-20 MASTER CERT**
**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			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: AARON & MEGAN CASSELMAN, 845 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 994900334.

**CERTIFICATE HOLDER**
**CANCELLATION**

CHERRY CREEK MORTGAGE CO, INC ITS SUCCESSORS AND/OR ASSIGNS 7600 E ORCHARD ROAD SUITE 250-N GREENWOOD VILLAGE, CO 80111	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 Craig Meyers/AJM
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# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CHRISTOPHER BAKKE & REBECCA J BAKKE, 245 BEAR TRAIL CT, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 1123830363.

**CERTIFICATE HOLDER**

(937) 324-6577

CITIMORTGAGE, INC  
ITS SUCCESSORS AND/OR ASSIGNS  
P O BOX 7706  
SPRINGFIELD, OH 45501-7706

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

## COVERAGES

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROPERTY COVERAGE SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: IAIN ALEXANDER DAVIDSON &amp; KAVITA PRAKASH KESAREE, 965 BEAR TRAIL COURT, WINTER PARK, CO 80482.

CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 1806158049

## CERTIFICATE HOLDER

(801) 713-3585 agomez@citywidehomeloans.c

CITYWIDE HOME LOANS  
A UTAH CORPORATION  
ISAOA/ATIMA  
9785 S MONROE STREET  
SUITE 200  
SANDY, UT 84070

## 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

Craig Meyers/AJM

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ACORD 25 (2014/01)

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INS025 (201401)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER:** 19-20 MASTER CERT**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT		680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: MICHAEL HUANG & LORA E HUANG, 1290 BEAR TRAIL, WINTER PARK, CO 80484. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 6800006909

**CERTIFICATE HOLDER****CANCELLATION**

CORNERSTONE HOME LENDING INC ITS SUCCESSORS & ASSIGNS C/O LOAN SERVICING 1177 WEST LOOP SOUTH SUITE 200 HOUSTON, TX 77027	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 Craig Meyers/AJM

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ACORD 25 (2014/01)

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INS025 (201401)



# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: JOSEPH H BASTA, MATTHEW G LEMAN &amp; TARA V LEMAN, 775 BEAR TRAIL, WINTER PARK, CO 80482.

CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 5610002134.

**CERTIFICATE HOLDER**

mkeating@houseloan.com

CORNERSTONE HOME LENDING INC  
ITS SUCCESSORS AND/OR ASSIGNS  
1177 WEST LOOP SOUTH  
SUITE 200  
HOUSTON, TX 77027

**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

Craig Meyers/AJM

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****REVISION NUMBER:**

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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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> <b>PROPERTY COVERAGE</b> <input checked="" type="checkbox"/> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOAN # 0038633590. OWNER: RICHARD DIGERONIMO, 1135 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

**CERTIFICATE HOLDER**

(305)964-2705

DITECH FINANCIAL LLC  
ITS AFFILIATES &/OR ASSIGNS  
P O BOX 979282  
MIAMI, FL 33197-9282

**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

Craig Meyers/AJM

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<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: KEITH J KULESA & AMANDA L KULESA, 935 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 1259000765. INSURED'S POLICY INCLUDES ORDINANCE & LAW COVERAGE AS PER ATTACHED ENDORSEMENT-MPT135(04-09). THERE IS NO CO-INSURANCE ON THE BUILDING COVERAGE. INFLATION GUARD COVERAGE IS INCLUDED. TOTAL # OF UNITS IN PROJECT IS 56. EMPLOYEE DISHONESTY LIMIT IS \$100,000.

**CERTIFICATE HOLDER****CANCELLATION**

EVERBANK, ISAOA P O BOX 620138 DORAVILLE, GA 30362-2138	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  Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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 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).

<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

## COVERAGES

**CERTIFICATE NUMBER:** 19-20 MASTER CERT

**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			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: KEITH J & AMANDA L KULESA, 935 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS LISTED AS FIRST MORTGAGEE ON THIS UNIT. BUILDING LIMIT INCLUDES 56 UNITS.

LOAN # 1259000765.

## CERTIFICATE HOLDER

(678) 459-6125

EVERHOME MORTGAGE  
 A DIVISION OF EVERBANK F.S.A.  
 ITS SUCCESSORS &/OR ASSIGNS  
 P O BOX 620138  
 DORAVILLE, GA 30362

## 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

Craig Meyers/AJM

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ACORD 25 (2014/01)

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INS025 (201401)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

## COVERAGES

CERTIFICATE NUMBER: 19-20 MASTER CERT

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			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CARL & ALICE SODERMAN, 1170 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.  
LOAN # 6320040566.

## CERTIFICATE HOLDER

rachaelk@fairwaymc.com

FAIRWAY INDEPENDENT MORTGAGE CORPORATION  
ISAOA/ATIMA  
4201 MARSH LANE  
CARROLLTON, TX 75007

## 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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT	\$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR	\$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: NICHOLAS BUDOR & ALISON BUDOR, 115 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 10501791. DIRECTORS & OFFICERS LIABILITY POLICY - TRAVELERS INSURANCE CO. - POLICY #106052165 - \$1,000,000. LIMIT OF LIABILITY WITH \$5,000 DEDUCTIBLE PER CLAIM - POLICY PERIOD IS 1-30-18 TO 1-30-19.

**CERTIFICATE HOLDER****CANCELLATION**

<b>FIRST NATIONAL BANK OF TRENTON</b> ISAOA, ATIMA P O BOX 4 TRENTON, TX 75490	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  Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858  NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: TODD C BURNHAM, 1310 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. 56 UNITS ARE INCLUDED IN THE BUILDING LIMIT.  
POLICY INCLUDES \$100,000 LIMIT ON EMPLOYEE DISHONESTY COVERAGE.

LOAN # 1159920456

**CERTIFICATE HOLDER****CANCELLATION**

JP MORGAN CHASE BANK, N.A. ISAOA P O BOX 78420 PHOENIX, AZ 85062	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 Craig Meyers/AJM
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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 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 CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: TIMOTHY OKEEFE, 835 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 1326861548. 56 UNITS ARE INCLUDED IN THE BUILDING LIMIT.

**CERTIFICATE HOLDER**

(844) 300-5640 iris.quintero@chase.com  
  
JPMORGAN CHASE BANK, NA  
ISAOA/ATIMA  
P O BOX 47020  
ATLANTA, GA 30362

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858  NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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.

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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: MATTHEW MENDENHALL & MARCELA MENDENHALL, 960 BEAR TRL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 1600001349.

**CERTIFICATE HOLDER****CANCELLATION**

summitmtggroup@comcast.net

LIBERTY SAVINGS BANK, FSB  
ISAOA, ATIMA  
C/O CENLAR  
P O BOX 202028  
FLORENCE, SC 29502-2028

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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com FAX (A/C, No): (303) 688-8858
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 25682

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: JASON R LAWLEY & KRISTI L LAWLEY, 1260 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 1500011588.

**CERTIFICATE HOLDER**

summitmtggroup@comcast.net

LIBERTY SAVINGS BANK, FSB  
ISAOA, ATIMA  
C/O CENLAR  
P O BOX 202028  
FLORENCE, SC 29502-2028

**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

Craig Meyers/AJM

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INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482	INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT		680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: DAVID CHRISTIAN HAHN & AMY SUSAN HAHN, 115 BEAR TRAIL CT, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS NAMED AS FIRST MORTGAGEE AS RESPECTS THIS UNIT.

LOAN # 1400017263.

**CERTIFICATE HOLDER**

summitmtggroup@comcast.net

LIBERTY SAVINGS BANK, FSB  
ISAOA, ATIMA  
C/O CENTRAL LOAN ADM. & RPTG  
P O BOX 202028  
FLORENCE, SC 29502-2028

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

Craig Meyers/AJM

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INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****REVISION NUMBER:**

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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: JOE MORRISON & ROXANNE RHINEHART, 145 BEAR TRAIL COURT, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.  
LOAN # 11771615.

**CERTIFICATE HOLDER****CANCELLATION**

chris.lightfoot@ndbt.com

NORTH DALLAS BANK & TRUST CO.  
ISAOA  
P O BOX 679001  
DALLAS, TX 75367

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

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES**

CERTIFICATE NUMBER: 19-20 MASTER CERT

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: WILLIAM G MARCOUX, 1435 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. BUILDING LIMIT INCLUDES 3 BUILDINGS WITH 56 UNITS.

**CERTIFICATE HOLDER**

(937) 525-4210

PHH MORTGAGE CORPORATION  
ATTN: MELISSA S.  
P O BOX 5954  
SPRINGFIELD, OH 45501-5954

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> <b>PROPERTY COVERAGE</b> <input checked="" type="checkbox"/> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CHRISTOPHER GATCHIS & ANDREA GATCHIS, 85 BEAR TRAIL, WINTER PARK, CO 80482. LOAN # 23861100169.  
CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

**CERTIFICATE HOLDER**

(866)908-3589

PRIMELENDING, A PLAINSCAPITAL COMPANY  
ISAOA  
P O BOX 796788  
DALLAS, TX 75379-6788

**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

Craig Meyers/AJM

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>FAX (A/C, No):</b> (303) 688-8858 <b>E-MAIL ADDRESS:</b> info@cowest.com														
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Ind CO of Conn</td> <td>25682</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Ind CO of Conn	25682	INSURER B: Greenwich Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Travelers Ind CO of Conn	25682														
INSURER B: Greenwich Insurance Company															
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INSURER F:															

**COVERAGES**
**CERTIFICATE NUMBER: 19-20 MASTER CERT**
**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			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: MICHAEL R & KIM M BOHN, 145 BEAR TRAIL COURT, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN #2253000934.

**CERTIFICATE HOLDER**

rfrench@primelending.com

PRIMELENDING,  
 A PLAINSCAPITAL COMPANY, ISAOA  
 P O BOX 796788  
 DALLAS, TX 75379-6788

**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

Craig Meyers/AJM

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>FAX (A/C, No):</b> (303) 688-8858 <b>E-MAIL ADDRESS:</b> info@cowest.com														
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Ind CO of Conn</td> <td>25682</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Ind CO of Conn	25682	INSURER B: Greenwich Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Travelers Ind CO of Conn	25682														
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**COVERAGES**
**CERTIFICATE NUMBER: 19-20 MASTER CERT**
**REVISION NUMBER:**

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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			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT	\$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTILBE PER OCCUR	\$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CHRISTOPHER A BAKKE & REBECCA J BAKKE, 245 BEAR TRAIL COURT, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. LOAN # 3262704.

**CERTIFICATE HOLDER**

(303) 595-0111 tcx@spirefinancial.com

SPIRE FINANCIAL INC  
 ISAOA/ATIMA  
 1553 PLATTE STREET  
 #204  
 DENVER, CO 80202

**CANCELLATION**

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AUTHORIZED REPRESENTATIVE

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<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 25682

## COVERAGES

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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROPERTY COVERAGE SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: MARY LOUISE RALSTON, 1190 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 152014110026059.

## CERTIFICATE HOLDER

(855)855-9521 lmedina@mortgagelendingcn

VECTRA BANK COLORADO, N.A.  
ISAOA/ATIMA  
7800 E DORADO PLACE  
SUITE 150  
GREENWOOD VILLAGE, CO 80111

## 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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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 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).

<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DED	RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	SPECIAL FORM/REPLACEMENT						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: RICHARD EMERY & SUZANNE EMERY, 65 BEAR TRAIL COURT, WINTER PARK, CO 80482. LOAN # 152014050018830. CERTIFICATE HOLDER IS NAMED AS FIRST MORTGAGEE ON THIS UNIT. 56 UNITS ARE INCLUDED IN THE BUILDING LIMIT.

**CERTIFICATE HOLDER**

(855) 855-9521

VECTRA BANK COLORADO, NA  
ISAOA/ATIMA  
7800 EAST DORADO PLACE  
SUITE 150  
GREENWOOD VILLAGE, CO 80111

**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: PHILIP HENDERSON &amp; SUSAN F HENDERSON, 990 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

LOAN # 0385718838. BUILDING LIMIT INCLUDES 3 BUILDINGS WITH 56 UNITS.

**CERTIFICATE HOLDER**

melanie.colvin@wellsfargo.

WELLS FARGO BANK, N.A. #936  
ITS SUCCESSORS AND/OR ASSIGNS  
P O BOX 100515  
FLORENCE, SC 29502-0515**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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.

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PRODUCER CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858 NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: DARCY K SELENKE & BRYAN H REDDING, 1040 BEAR TRAIL, WINTER PARK, CO 80482. LOAN # 0420627317.  
CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. BUILDING LIMITS INCLUDES 3 BUILDINGS WITH 56 UNITS.

**CERTIFICATE HOLDER****CANCELLATION**

WELLS FARGO BANK, N.A. #936 ITS SUCCESSORS AND/OR ASSIGNS P O BOX 100515 FLORENCE, SC 29502-0515	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 Craig Meyers/AJM
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104	CONTACT NAME: CoWest Corporate PHONE (A/C, No. Ext): (303) 688-9597 E-MAIL: info@cowest.com ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Travelers Ind CO of Conn INSURER B: Greenwich Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (303) 688-8858  NAIC # 25682
INSURED Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b> SPECIAL FORM/REPLACEMENT		680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065 DEDUCTILBE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: CYNTHIA &amp; FREDRICK LEGRAND, 275 LOWER BEAR TRAIL, WINTER PARK, CO 80482. LOAN # 0413368416.

CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT. BUILDING LIMIT INCLUDES 3 BUILDINGS WITH 56 UNITS.

**CERTIFICATE HOLDER**

(937) 525-8864

WELLS FARGO BANK, N.A. 936  
ISAOA  
P O BOX 100515  
FLORENCE, SC 29502-0515**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

Craig Meyers/AJM

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2019

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<b>PRODUCER</b> CoWest Insurance Group, Inc. PO Box 910  Castle Rock CO 80104		<b>CONTACT NAME:</b> CoWest Corporate <b>PHONE (A/C, No. Ext):</b> (303) 688-9597 <b>E-MAIL ADDRESS:</b> info@cowest.com <b>FAX (A/C, No):</b> (303) 688-8858	
<b>INSURED</b> Bear Crossing Owners Association, Inc. c/o Beaver Village Management P O Box 21 Winter Park CO 80482		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Ind CO of Conn <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 25682	

**COVERAGES****CERTIFICATE NUMBER: 19-20 MASTER CERT****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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
A	<b>AUTOMOBILE LIABILITY</b>			680-2B800813-19-42	1/30/2019	1/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7441629	1/30/2019	1/30/2020	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PROPERTY COVERAGE</b>			680-2B800813-18-42	1-30-2019	1-30-2020	BLANKET BUILDING LIMIT \$28,129,065
	<b>SPECIAL FORM/REPLACEMENT</b>						DEDUCTIBLE PER OCCUR \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

OWNER: ANN L. EDMUNDS, 555 BEAR TRAIL, WINTER PARK, CO 80482. CERTIFICATE HOLDER IS FIRST MORTGAGEE ON THIS UNIT.

**CERTIFICATE HOLDER****CANCELLATION**

WELLS FARGO BANK, NA #936  
ITS SUCCESSORS &/OR ASSIGNS  
LOAN # 0364264457  
P O BOX 100515  
FLORENCE, SC 29502-0515

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

Craig Meyers/AJM

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