



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Crest Insurance Group of Colorado, LLC 2000 S. Colorado Blvd. Suite 11100 Colorado Center Tower 1 Denver CO 80222	CONTACT NAME: Dena Kopischke PHONE (A/C, No, Ext): 7206394954 E-MAIL ADDRESS: dkopischke@crestins.com FAX (A/C, No): 303-776-5495
License#: 572621 THEWINF-01	INSURER(S) AFFORDING COVERAGE INSURER A : Evanston Insurance Company INSURER B : Pennsylvania Manufacturers Assoc Ins Co INSURER C : Philadelphia Indemnity Ins Co INSURER D : INSURER E : INSURER F :
INSURED The Winfield Condominium Association, Inc. c/o Aspen Places 600 E Hopkins Ave. Ste 203 Aspen CO 81611	NAIC # 35378 12262 18058

COVERAGES**CERTIFICATE NUMBER:** 1149113069**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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			3AA922273	7/31/2025	7/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			3AA922273	7/31/2025	7/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$			EZXS3210506	7/31/2025	7/31/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N ☐	N / A	2025011634328Y	7/31/2025	7/31/2026	PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime D&O			PCAC024411-0125 PCAP049767-0125	7/31/2025 7/31/2025	7/31/2026 7/31/2026	500,000 1,000,000

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

Master Insurance Policy

10-day cancellation notice

IT IS HIGHLY RECOMMENDED THE INDIVIDUAL UNIT OWNERS PURCHASE AN HO6 POLICY WITH LOSS ASSESSMENT COVERAGE. POLICIES SHOULD BE DISCUSSED WITH THE INDIVIDUALS INSURANCE AGENT TO DETERMINE PROPER COVERAGE & LIMITS.

Property Information
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

For Informational Purposes only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cody Ritchie

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ADDITIONAL REMARKS SCHEDULE

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AGENCY Crest Insurance Group of Colorado, LLC		NAMED INSURED The Winfield Condominium Association, Inc. c/o Aspen Places 600 E Hopkins Ave. Ste 203 Aspen CO 81611	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

CARRIER: Evanston Insurance Company
EFFECTIVE: 07/31/2025 - 07/31/2026
POLICY #: FGIS-G-2000116

LIMIT: \$7,383,522

DEDUCTIBLE: \$25,000 & 5% W&H

OF UNITS: 26

OF BUILDINGS: 1

REPLACEMENT COST UP TO THE LIMIT ABOVE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED

COVERAGE A - BUILDING LIMIT

COVERAGE B - 10% BUILDING LIMIT

COVERAGE C - 10% BUILDING LIMIT

SPECIAL FORM

FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

****PLEASE READ: ALL IN COVERAGE IS SUBJECT TO AND DEPENDENT ON THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. FOR DETAILS ON WHAT UNIT OWNERS INSURANCE RESPONSIBILITY IS VS THE ASSOCIATION PLEASE REFER ALL OF YOUR QUESTIONS TO THE COVENANTS AND BYLAWS FOR THE ASSOCIATION FOR THIS INFORMATION. DETAILS ARE NOT FOUND IN THE POLICIES. THIS DOCUMENT CAN BE OBTAINED FROM THE PROPERTY MANAGEMENT COMPANY****