Policy Number: VPM1000289-00 DATE (MM/DD/YYYY) ERTIFICATE OF PROPERTY INSURANCE 08/01/2023 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. CONTACT Commercial Team PRODUCER Kinser Insurance Agency PHONE (970)879-1330 (A/C, No, Ext): E-MALL Commercial@kinse FAX (A/C, No): ( ) -1495 Pine Grove Rd. E-MAIL ADDRESS: Commercial@kinserinsurance.com Ste 201A PRODUCER CUSTOMER ID: Steamboat Springs, CO 80487 INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A: QBE Specialty Ins Co 22 Station Owners Association 11515 INSURER B Hanover Insurance Group 22292 INSURER C: Burlington Insurance Co. 23620 PO Box 2025 INSURER D: Travelers Indemnity Co. Olympic Valley, CA 96146 25658 INSURER E : 05-45273 INSURER F COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 1750 Village East Road & 1850 Village South Rd. Olympic Valley, CA 96146 Unit # XXX Loan Number: XXX 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. POLICY EFFECTIVE POLICY EXPIRATION INSR COVERED PROPERTY TYPE OF INSURANCE POLICY NUMBER LIMITS DATE (MM/DD/YYYY) DATE (MM/DD/YYYY) LTR VPM1000289-00 08/01/2023 07/01/2024 А 50,000 BUILDING \$ 80,633,060 CAUSES OF LOSS DEDUCTIBLES PERSONAL PROPERTY 1,275,900 \$ BUILDING See Acord 101 attached **BUSINESS INCOME** BASIC \$ for additional info EXTRA EXPENSE BROAD \$ CONTENTS RENTAL VALUE SPECIAL \$ BLANKET BUILDING EARTHQUAKE \$ BLANKET PERS PROP WIND Prop Ded \$ **BLANKET BLDG & PP** FLOOD \$ Included Per CC&Rs / Replacement Cost / Agreed Value (0% Coins) Bld Ord 1 \$ 100,000 Ded Bld Ord 2/3 2,000,000 Water TYPE OF POLICY INLAND MARINE \$ CAUSES OF LOSS \$ NAMED PERILS POLICY NUMBER \$ \$ 04/01/2022 04/01/2025 Emp Dishon BDW-D881898-00 3,250,000 в \$ Comp Fraud 3,250,000 TYPE OF POLICY \$ Funds Tsfr 3,250,000 \$10,000 deductible \$ BOILER & MACHINERY / VPM1000289-00 08/01/2023 07/01/2024 Bldg Limit А \$ EQUIPMENT BREAKDOWN \$ 891BG07765 07/01/2023 07/01/2024 1,000,000 С Comm Gen Liability Per Occur. \$ 07/01/2024 р Director & Officer 107663065 07/01/2023Per Occur. 2,000,000 SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) UNIT OWNER: XXX xxx XXX **CERTIFICATE HOLDER** 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.

For Informational Purposes Only

AUTHORIZED REPRESENTATIVE

Jim Kinser

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Policy Number: SEE PAGE 1

AGENCY CUSTOMER ID:

LOC #: 001

ACORD

## ADDITIONAL REMARKS SCHEDULE

Page of

Date: 8/7/2023

AGENCY Kinser Insurance Agency		NAMED INSURED 22 Station Owners Association
POLICY NUMBER		PO Box 2025
		Olympic Valley, CA 96146
CARRIER SEE PAGE 1	NAIC CODE	
	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: <u>ACORD</u> 24FORM TITLE: <u>Certificate of Property Insurance</u>

Additional Information: Current Replacement Cost Estimate: \$80,633,060 \*\*Guaranteed Replacement Cost - NOT AVAILABLE\*\* 170 Total Units

Ordinance or Law: Coverage A - Included Coverage B/C - \$2,000,000 Coinsurance: Nil Agreed Value: Included Inflation Guard: Included - 8% Equipment Breakdown: Included Separation of Insured: Included in GL form CG0001 Fidelity Bond: Property Manager & non-compensated employess included: Yes