



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/31/2023

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.

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 Aon Risk Insurance Services West, Inc. Denver CO Office 1900 16th Street, Suite 1000 Denver CO 80202 USA		CONTACT NAME: PHONE (A/C. No. Ext): (303) 758-7688 FAX (A/C. No.): (303) 758-9458 E-MAIL ADDRESS:	
INSURED Alterra Mountain Company 3501 Wazee St. Suite 400 Denver CO 80216 USA		INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Insurance Co INSURER B: XL Insurance America Inc INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10120 24554	

COVERAGES **CERTIFICATE NUMBER:** 570101346686 **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.

INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown as requested	
A	X	COMMERCIAL GENERAL LIABILITY				RM1GL00035221 SIR applies per policy terms & conditions	11/01/2022	11/01/2023	LIMITS	
		CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE	\$2,000,000
									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
									MED EXP (Any one person)	Excluded
		GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$2,000,000
		POLICY	<input type="checkbox"/> PROJECT	<input checked="" type="checkbox"/> LOC					GENERAL AGGREGATE	\$2,000,000
		OTHER:							PRODUCTS - COMP/OP AGG	\$2,000,000
A	X	AUTOMOBILE LIABILITY				RM1CA00047 -221	11/01/2022	11/01/2023	LIMITS	
		ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
		OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	
		HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
		Coll DED \$1,000	<input checked="" type="checkbox"/> Comp DED \$1,000						PROPERTY DAMAGE (Per accident)	
A	X	UMBRELLA LIAB				XC2EX00152221	11/01/2022	11/01/2023	LIMITS	
		EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$10,000,000
		DED	<input checked="" type="checkbox"/> RETENTION \$25,000						AGGREGATE	\$10,000,000
A	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				RM1WC00060221 AOS	11/01/2022	11/01/2023	LIMITS	
		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
									E.L. EACH ACCIDENT	\$1,000,000
									E.L. DISEASE-EA EMPLOYEE	\$1,000,000
									E.L. DISEASE-POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Denver Center for the Performing Arts 1050 13th Street Denver, CO 80204 is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

Routt County Board of County Commissioner
522 Lincoln Avenue
Steamboat Springs CO 80477 USA

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
Aon Risk Insurance Services West, Inc.

Holder Identifier :

570101346686

Certificate No :





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AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Alterra Mountain Company	
POLICY NUMBER See Certificate Number: 570101346686			
CARRIER See Certificate Number: 570101346686	NAIC CODE	EFFECTIVE DATE:	

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]