



Regulatory Office:
505 Eagleview Blvd. Suite 100
Dept.: Regulatory
Exton, PA 19341-1120
800-688-1840

COMPANY PROVIDING COVERAGE:
Greenwich Insurance Company

Commercial Excess/Umbrella Liability Certificate Holder Declarations

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7502015
This Certificate Forms a Part of Master Policy Number: PPP744000212
Renewal of Certificate Number: PPP7502015
Renewal of Master Policy Number: PPP744000211

1. Certificate Holder Elk Ridge Townhomes

Address: c/o Alpine Edge LLC
PO Box 7

City/State/Zip: Breckenridge, CO 80424

Certificate Holder is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

☒ Other (describe) Association

2. Certificate Period:

From: 03/31/2025 To: 03/31/2026
12:01 A.M. standard time at your mailing address shown above.

3. Certificate Premium: \$ \$3677.00

3a. Certificate Premium For Certified Acts of Terrorism: Included In Certificate Premium Above

3b. Surcharge: \$ _____

4. Limits of Insurance:

(a) Each **Occurrence** \$ 15,000,000
(b) **Products Completed Work Hazard**
Aggregate (Where applicable) \$ 15,000,000
(c) General Aggregate \$ 15,000,000
(d) Self-Insured Retention or Retained Limit \$ 0 Occurrence

5. Retroactive Date Where applicable:

As per Schedule of Underlying Insurance (applicable to **Claims Made** Coverages)



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Commercial Excess Follow Form And Umbrella Liability Policy Certificate Holder Schedule Of Underlying Insurance

Effective Date Of This Schedule: 03/31/2025		Attached To And Forming Part Of Certificate Number: PPP7502015	
UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY	
a. Name: Truck Insurance Exchange Policy Number: 604422242 Term: 03/31/2025 to 03/31/2026	Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence \$ 2,000,000 General Aggregate (Other than Products Completed Operations) \$ 1,000,000 Product Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury	
b. Name: Truck Insurance Exchange Policy Number: 604422242 Term: 03/31/2025 to 03/31/2026	Automobile Liability	1,000,000 Combined Single Limit HNOA ONLY	
c. Name: Excluded Policy Number: Term:	Employers' Liability	Coverage B – Employers' Liability Bodily Injury by Accident \$ _____ each Accident Disease Bodily Injury by Disease \$ _____ each Policy Bodily Injury by Disease \$ _____ each Employee	
d. Name: Truck Insurance Exchange Policy Number: 604422242 Term: 03/31/2025 to 03/31/2026	Directors & Officers Liability <input checked="" type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ 1,000,000 each Occurrence \$ 1,000,000 Aggregate	

UNDERLYING INSURER	TYPE OF COVERAGE	LIMITS OF LIABILITY
e. Name: Excluded Policy Number: Term: to	Stop Gap Employers' Liability	Bodily Injury by Accident \$ _____ each Accident Disease Bodily Injury by Disease \$ _____ Each Policy Bodily Injury by Disease \$ _____ each Employee
f. Name: Excluded Policy Number: Term: To	Garage Keepers Legal Liability	\$ _____ Each Occurrence
g. Name: Excluded Policy Number: Term:	Liquor Liability	\$ _____ Each Common Cause \$ _____ Aggregate Limit \$ _____ Each Occurrence
h. Name: Policy Number: Term: To	Box H <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence	\$ _____ \$ _____ \$ _____