



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	\$ <u>1,000,000</u> each Occurrence \$ <u>2,000,000</u> General Aggregate (Other than Products Completed Operations) \$ <u>1,000,000</u> Product Completed Operations Aggregate \$ <u>1,000,000</u> Personal and Advertising Injury
b. Name: Truck Insurance Exchange Policy Number: 604422242 Term: 03/31/2025 to 03/31/2026	Automobile Liability	<u>1,000,000</u> 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	\$ <u>1,000,000</u> each Occurrence \$ <u>1,000,000</u> 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	\$ _____ \$ _____ \$ _____