

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company, S.I. if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Steamboat Lake Association Inc.
 DBA Willow Creek Pass Village Association
 PO Box 775836
 Steamboat Springs, CO 80477

Agent's Name, Address and Phone Number (Agt./Dist.)
 Teresa Weinman Insurance Agency INC.
 PO BOX 774050
 STEAMBOAT SPRINGS, CO 80477
 (970) 879-7266 (014/307)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES					
This is to certify that 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.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY	
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)		
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage	
				Each Occurrence	\$,000
Boatowners Liability				Bodily Injury and Property Damage	
				Each Occurrence	\$,000
Personal Umbrella Liability				Bodily Injury and Property Damage	
				Each Occurrence	\$,000
Farm/Ranch Liability				Farm Liability & Personal Liability	
				Each Occurrence	\$,000
				Farm Employer's Liability	
				Each Occurrence	\$,000
Workers Compensation and Employers Liability †				Statutory	*****
				Each Accident	\$,000
				Disease - Each Employee	\$,000
				Disease - Policy Limit	\$,000
General Liability <input checked="" type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>	05-XR9794-01	01/09/2023	01/09/2024	General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
				Personal and Advertising Injury	\$ 1,000,000
				Each Occurrence	\$ 1,000,000
				Damage to Premises Rented to You	\$ 100,000
				Medical Expense (Any One Person)	\$ 10,000
Businessowners Liability				Each Occurrence††	\$,000
				Aggregate††	\$,000
Liquor Liability				Common Cause Limit	\$,000
				Aggregate Limit	\$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person	\$,000
				Bodily Injury - Each Accident	\$,000
				Property Damage	\$,000
				Bodily Injury and Property Damage Combined	\$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate	\$,000

Other (Miscellaneous Coverages)
 Location: Steamboat Lake Subdivision, Clark, CO 80428

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 Non-Profit Directors and Officers-Policy 05-XR9794-02 Effective 1-9-23 to 1-9-24--
 Aggregate for Coverage A, B and C including "claims expenses" \$1,000,000--
 Retention Amounts Coverage A, B and C (each claim) \$1,000--
 Retroactive Date Coverages A, B and C is 1-9-2012.

†The individual or partners Have shown as insured elected to be covered under this policy. Have not
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
FOR INFORMATION ONLY	<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *() days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.
	<input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED 03/06/2023	AUTHORIZED REPRESENTATIVE Elizabeth A Flaharty