



BENCCON-01

BRADY C

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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	Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81601	CONTACT Brady Cox			
		NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):		
		E-MAIL ADDRESS: bradyc@mtnwst.com			
		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A : American Alternative Insurance Corporation		19720	
INSURED	Benchmark Condominium Homeowners Association dba Westlake Village Condominium Association, Inc. c/o Bold Solutions PO Box 5800 Avon, CO 81620	INSURER B : Greenwich Insurance Company		22322	
		INSURER C : Pennsylvania Manufacturers' Association Insurance Company		12262	
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES		CERTIFICATE NUMBER: 1		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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:				CAU5028339	10/17/2025	10/17/2026	EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$
								PRODUCTS - COMP/OP AGG	\$ 1,000,000
								Hired&Non-Owned	\$ 1,000,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0				PPP7490248	10/17/2025	10/17/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
								\$	\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N / A		2025011040146Y	10/17/2025	10/17/2026	PER STATUTE	OTHR-
								E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Property				CAU5028339	10/17/2025	10/17/2026	Building	22,460,000
A	Crime				CAU5028339	10/17/2025	10/17/2026	Fidelity	400,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
See Notes for Additional Coverages

CERTIFICATE HOLDER

CANCELLATION

UNIT OWNERS COPY
INFORMATIONAL ONLY

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



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Mountain West Insurance - Glenwood	NAMED INSURED Benchmark Condominium Homeowners Association dba Westlake Village Condominium Association, Inc. c/o Bold Solutions PO Box 5800 Avon, CO 81620	
POLICY NUMBER SEE PAGE 1		
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: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage Information

****Guaranteed Replacement Cost Valuation Applies** // 92 Units //******See attached Unit Owner Letter for how property coverage applies****

Ordinance and Law:

Coverage A - Included
Coverage B - \$750,000
Coverage C - \$750,000

Property Deductible: \$15,000

Special (Including Theft)

Coinsurance: N/A – Guaranteed Replacement Cost

Agreed Amount Endorsement: N/A – Guaranteed Replacement Cost

Inflation Guard: N/A – Guaranteed Replacement Cost

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Separation of Insured: Included

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Directors & Officers Liability

Carrier: Philadelphia Indemnity Insurance Co

Policy #: PCAP0364140422

Policy Term: 10/17/2025 to 10/17/2026

Limit: \$1,000,000

Additional Defense Limit: Y

Deductible: \$1,000

Notice of Cancellation:

10 Days - for Non-Payment or Premium

30 Days - Minimum All Other Reasons