

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 06/09/2023

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.

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|--|--|-----------|-------------------------|-------------------------|----------|--|--|
| PRODUCER | CONTACT NAME: | Ty D Mol: | ine | | | | |
| CIA Insurance Agency Inc Agency Insurance Division | PHONE (A/C, No, Ext): | (406) 993 | 3-9242 | FAX (A/C, No): (208) | 561-2990 | | |
| PO Box 161336 | E-MAIL ADDRESS: clientservices@agencyinsdiv.com | | | | | | |
| Big Sky MT 59716-1336 | PRODUCER CUSTOMER ID: 745 | | | | | | |
| | | INSURER | R(S) AFFORDING COVERAGE | | NAIC# | | |
| INSURED | INSURER A: | American | Empire Surplus Li | nes | 35351 | | |
| Unit Owners of Firelight Meadows Condominiums | INSURER B: | | | | | | |
| Po Box 161242 | INSURER C: | | | | | | |
| Big Sky MT 597161242 | INSURER D: | | | | | | |
| | INSURER E : | | | | | | |
| | INSURER F: | | | | | | |

COVERAGES CERTIFICATE NUMBER: Cert ID 26503 **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Firelight Condo Owners

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.

| R R | | TYPE OF IN | SURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | | | | LIMITS | |
|----------------|-----|---------------|--------------------|-----------------|------------------------------------|-------------------------------------|---|-------------------|-----------|------------|--|
| | х | PROPERTY | | | | | х | BUILDING | \$ | 6,125,000 | |
| | CAU | ISES OF LOSS | DEDUCTIBLES | CPPE976834-00 | 04/24/2023 | 04/24/2024 | | PERSONAL PROPERTY | \$ | | |
| | | BASIC | BUILDING 50,000 | | | | | BUSINESS INCOME | \$ | | |
| | | BROAD | CONTENTS | | | | | EXTRA EXPENSE | \$ | | |
| | х | SPECIAL | CONTENTO | | | | | RENTAL VALUE | \$ | | |
| | | EARTHQUAKE | | | | | х | BLANKET BUILDING | \$ | 66,500,000 | |
| | | WIND | | | | | | BLANKET PERS PROP | \$ | | |
| | | FLOOD | | | | | | BLANKET BLDG & PP | \$ | | |
| | | | | | | | | | \$ | | |
| | | | | | | | | | \$ | | |
| | | INLAND MARINE | | TYPE OF POLICY | | | | | \$ | | |
| | CAU | SES OF LOSS | | | | | | | \$ | | |
| | | NAMED PERILS | | POLICY NUMBER | | | | | \$ | | |
| | | | | | | | | | \$ | | |
| | х | CRIME | | PCAP038916-0123 | 04/24/2023 | 04/24/2024 | | | \$ | 1,000,000 | |
| TYPE OF POLICY | | | | | | | | \$ | 2,000,000 | | |
| | | | | | | | | | \$ | , , | |
| | х | BOILER & MACH | | CPPE97683400 | 04/24/2023 | 04/24/2024 | | | \$ | inc | |
| | | EQUIPMENT BRI | EAKDOWN | | | | | | \$ | | |
| 1 | Lia | ability | | CPS7775477 | 04/24/2023 | 04/24/2024 | | | \$ | 2,000,000 | |
| | | mpleted Ope | erations | CPS7775477 | 04/24/2023 | 04/24/2024 | | | \$ | 2,000,000 | |

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

54 Buildings - 216 units

Separation of Insureds included

\$500k dishonesty

Single Entity- original construction

Building - Replacement cost total coverage on all buildings \$66,500,000

All In

Ordinance or Law Included

| CERTIFICATE HOLDER | CANCELLATION | | |
|--------------------|---------------------------|--|--|
| | | | |
| | SHOULD ANY OF THE ABOVE I | | |

File Copy - Please email clientservices@agencyinsdiv.com to your name placed here.

DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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OTHER COVERAGES OVERFLOW

DATE (MM/DD/YYYY) 06/09/2023

PRODUCER
CIA Insurance Agency Inc
Agency Insurance Division
PO Box 161336
Big Sky MT 59716-1336

L6-1336 FAX

PHONE (A/C, No, Ext): FAX
(406) 993-9242 (208) 561-2990

INSURED

Unit Owners of Firelight Meadows Condominiums

Po Box 161242

Big Sky MT 597161242

| COVE | COVERAGES (CONTINUED) | | | | | | | | |
|-------------|-----------------------|---------------|---------------------------------------|-------------------------------------|------------------|--------------|--|--|--|
| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | COVERED PROPERTY | LIMITS | | | |
| | Personal/Advertising | CPS7775477 | 04/24/2023 | 04/24/2024 | | \$ 1,000,000 | | | |
| | Premises Rented | CPS7775477 | 04/24/2023 | 04/24/2024 | | \$ 100,000 | | | |
| | Medical | CPS7775477 | 04/24/2023 | 04/24/2024 | | \$ 5,000 | | | |
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Other Coverages Overflow (03/2011)