



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/27/2022

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.

**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).**

<b>PRODUCER</b> Robert Harris Insurance Agency, Inc. Lic. #0216736 3150 Bristol St., Suite 200 Costa Mesa CA 92626	<b>CONTACT NAME:</b> Pam Linares <b>PHONE (A/C, No, Ext):</b> (714) 619-4480 <b>FAX (A/C, No):</b> (714) 619-4481 <b>EMAIL:</b> pam@reharris.com <b>ADDRESS:</b>																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Philadelphia Insurance Companies</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td>Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td>Travelers Casualty and Surety Company</td> <td>19038</td> </tr> <tr> <td>INSURER D :</td> <td>PA Manufacturers Assn. Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Philadelphia Insurance Companies		INSURER B :	Greenwich Insurance Company		INSURER C :	Travelers Casualty and Surety Company	19038	INSURER D :	PA Manufacturers Assn. Ins. Co.		INSURER E :			INSURER F :	
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<b>INSURED</b> First Westwind at Vail Condominium Association c/o Vail Management PO Box 6130 Avon CO 81620																					

**COVERAGES**

CERTIFICATE NUMBER: CL2181321328

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> JEC1 <input type="checkbox"/> LOC OTHER:			PHPK2309171	08/01/2022	08/01/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2309171	08/01/2022	08/21/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7449712	08/01/2022	08/01/2023	EACH OCCURRENCE	\$ 25,000,000
							AGGREGATE	\$ 25,000,000
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A			106340685	08/01/2022	08/01/2023	LIABILITY LIMIT	\$1,000,000
							AGGREGATE LIMIT	\$1,000,000
							Deductible: Agmt A \$0	Agmt B&C \$1,000

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

PLEASE SEE PAGE 2 FOR PROPERTY AND CRIME / FIDELITY COVERAGE.

CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium

**CERTIFICATE HOLDER****CANCELLATION**

UNIT OWNER COPY

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

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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Robert Harris Insurance Agency, Inc.		<b>NAMED INSURED</b> First Westwind at Vail Condominium Association	
<b>POLICY NUMBER</b> _____		<b>EFFECTIVE DATE:</b> _____	
<b>CARRIER</b> _____	<b>NAIC CODE</b> _____		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Location Address: 548 S. Frontage Road, Vail, CO 81657  
 # of Buildings - 1  
 # of Units - 35

Commercial Property Coverage:  
 Insurance Carrier: Philadelphia Ins. Co.  
 Policy #PHPK2309171  
 Policy Term: 8/1/22 - 8/1/23  
 Building Limit: **Guaranteed Replacement Cost**  
 (ratable building limit - \$22,000,000)  
 Association Personal Property - \$50,000  
 Loss of Association Assessment - \$100,000  
 Building Law & Ordinance - Undamaged Portion - Included  
 Demolition Cost - \$750,000  
 Increased Cost of Construction - \$750,000  
 Equipment Breakdown / Boiler & Machinery - Included  
 Water & Sewer Backup - Building Limit

Causes of Loss: Special Form  
 Valuation: Guaranteed Replacement Cost  
 Deductible: \$10,000 - Property / 72 Hours Waiting Period - Loss of Association Assessments  
 Coinsurance - N/A (Agreed Amount)

Crime / Fidelity Coverage:  
 Insurance Carrier: PMA Insurance Co.  
 Policy #4121011101252Y  
 Policy Term: 8/1/22 - 8/1/23

Employee Theft - \$125,000  
 Computer and Funds Transfer Fraud - \$125,000  
 Forgery / Alteration - \$25,000  
 Deductible: \$1,000

Defined Covered Employee - Any Board Member, Property Manager