



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/04/2023

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.

**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>		<b>CONTACT NAME:</b> Pam Linares	
Robert Harris Insurance Agency, Inc.		<b>PHONE (A/C, No, Ext):</b> (714) 619-4480	<b>FAX (A/C, No):</b> (714) 619-4481
Lic. #0216736		<b>E-MAIL ADDRESS:</b> pam@reharris.com	
3150 Bristol St., Suite 200		<b>INSURER(S) AFFORDING COVERAGE</b>	
Costa Mesa CA 92626		<b>INSURER A:</b> Philadelphia Insurance Companies	<b>NAIC #</b>
<b>INSURED</b>		<b>INSURER B:</b> Greenwich Insurance Company	
First Westwind at Vail Condominium Association		<b>INSURER C:</b>	
c/o Vail Management		<b>INSURER D:</b>	
PO Box 6130		<b>INSURER E:</b>	
Avon CO 81620		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 23-24 GL Master**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PHPK2581037	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
	OTHER:						GENERAL AGGREGATE \$ 2,000,000		
							PRODUCTS - COMP/OP AGG \$ 2,000,000		
							\$		
A	<b>AUTOMOBILE LIABILITY</b>			PHPK2581037	08/01/2023	08/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000		
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$		
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$		
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$		
							\$		
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP7488524	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 25,000,000		
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 25,000,000		
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$		
	DED RETENTION \$						\$		
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			PHPK2581037	08/01/2023	08/01/2024	PER STATUTE OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$		
	Directors & Officers						E.L. DISEASE - POLICY LIMIT \$		
							Liability Limit \$1,000,000		
							Aggregate Limit \$1,000,000		
							Deductible \$0		

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

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

**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