

# PELITON

emerging from the pack

January 1, 2013

Insurance Disclosures for  
The Edwards Village II Association, Inc.

**Please retain this summary for future reference.**

Thank you for choosing Peliton Insurance for your Association's Master Insurance policy. To provide the best possible service to unit owners we ask that you review the following procedures regarding coverage questions, claims reporting and certificate of insurance requests.

### **Your Peliton Insurance Team**

Insurance Agent: Steve DeRaddo, CIRMS  
Account Manager: Lisa Fischer CISR, CIC  
Account Manager Assistant: Jacqueline DeNoi  
Phone Number: 970-945-5593  
Fax Number: 303-290-0884

Please direct all questions regarding insurance coverage to your Peliton Team.

### **Certificates of Insurance**

All requests for certificates of insurance must be emailed to [certificates@peliton.net](mailto:certificates@peliton.net) and must include the full name of the association, physical address of the association, unit owner's names and complete mortgage clause for each owner. Blank certificates will not be issued under any circumstances.

### **Claims Reporting**

Please report all claims to Lisa Fischer at 970-945-5593.

### **Coverage**

A summary of all policies written through Peliton Insurance is attached for your reference. Insurance requirements are set forth in the Association's Covenants/Declarations and Bylaws.

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## Insurance Disclosures for The Edwards Village II Association, Inc.

### Package Policy

Insurance Company Name: Fireman's Fund Insurance  
Policy Number: MZX80945598  
Policy Term: 1/1/13-14  
Building Limit: \$4,670,000  
Business Interruption: \$116,550  
Building Ordinance or Law Coverage A: Undamaged Portion of Buildings: Included  
Building Ordinance or Law Coverage B: Demolition Costs: \$500,000  
Building Ordinance or Law Coverage C: Increased Cost of Construction: \$500,000  
Equipment Breakdown: Included  
Property Deductible: \$2,500  
Hired/Non-Owned Auto Liability: \$1,000,000 per Occurrence  
General Liability: \$1,000,000 per occurrence/\$2,000,000 Aggregate  
Medical Payments: \$5,000

### Director's and Officer's Liability

Insurance Company Name: USLI  
Policy Number: CAP1551290  
Policy Term: 1/1/13-16  
Policy Limits: \$1,000,000  
Policy Retention: \$1,000

### Crime and Fidelity

Insurance Company Name: Travelers Casualty & Surety Company  
Policy Number: 105526380  
Policy Term: 1/1/11-14  
Employee Dishonesty: \$50,000  
Forgery/Alteration: \$50,000  
Computer Fraud/Crime: \$50,000  
Funds Transfer Fraud: \$50,000  
Policy Deductible: \$500

### Excess Liability

Insurance Company Name: Greenwich Insurance  
Policy Number: PPP7440273  
Policy Term: 1/1/13-14  
Limit: \$10,000,000 Per Occurrence/Aggregate

### Additional Insureds

The association, property manager, unit owners and mortgage holders are "insureds" on all of the above policies.

This is only a summary of the insurance policies written through Peliton Insurance for the association. Please refer to the actual policies for complete coverage, limits, endorsements and exclusions.



THEEDWA-01

LFISCHER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2013

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 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 Peliton Insurance 4600 S. Ulster Street #1400 Denver, CO 80237	CONTACT NAME:		
	PHONE (A/C, No, Ext): (303) 771-1800	FAX (A/C, No): (303) 290-0884	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A : Fireman's Fund Insurance		21873	
INSURER B : Greenwich Insurance Company			
INSURER C : United States Liability Ins Co			
INSURER D : Travelers Casualty & Surety			
INSURER E :			
INSURER F :			

INSURED  
The Edwards Village II Association, Inc.  
c/o Walter Realty Group, Inc.  
PO Box 1988  
Edwards, CO 81632

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			MZX80945598	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY			MZX80945598	1/1/2013	1/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7440273	1/1/2013	1/1/2014	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
C	Directors & Officers			CAP1551290	1/1/2013	1/1/2016	Ded. \$1,000 1,000,000
D	Crime Coverage			105526380	1/1/2011	1/1/2014	Ded. \$500 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
PLEASE REFER TO NEXT PAGE FOR PROPERTY SPECIFIC COVERAGE

**CERTIFICATE HOLDER**

UNIT OWNER COPY

**CANCELLATION**

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**

AGENCY <b>Peliton Insurance</b>		NAMED INSURED <b>The Edwards Village II Association, Inc. c/o Walter Realty Group, Inc. PO Box 1988 Edwards, CO 81632</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

**ADDITIONAL REMARKS**

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

**Remarks:**

**PROPERTY SPECIFIC INFORMATION  
PROPERTY COVERAGE:**

**CARRIER: FIREMAN'S FUND INSURANCE**

**POLICY #: MZX80945598**

**EFFECTIVE 1/1/13-14**

**LIMIT: \$4,670,000**

**DEDUCTIBLE: \$2,500**

**WIND/HAIL DEDUCTIBLE: \$2,500**

**REPLACEMENT COST/SPECIAL FORM**

**17 COMMERCIAL UNITS**

**\*\*ALL IN COVERAGE IS DEPENDENT UPON AND SUBJECT TO THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. PLEASE REFER TO THE COVENANTS FOR FURTHER INFORMATION.\*\***