



## **2022/2023 Insurance Summary for Edwards Village II Association, Inc.**

**Mailing Address:** c/o Walter Realty Group, P.O. Box 1988, Edwards, CO 81632

**Location Address:** 1140 Edwards Village Blvd. & 1170 Edwards Village Blvd., Edwards, CO 81632

### **Package Policy:**

Insurance Company Name: Chubb Group / Federal Ins. Co.  
Policy Number: 3598-81-54 WCE  
Policy Term: 01/01/22 to 01/01/23  
Blanket Property Limits:  
Buildings: \$4,670,000 (Replacement Cost)  
Association Loss of Income: \$100,000  
Building Ordinance or Law Coverage - \$4,670,000  
Boiler & Machinery/ Equipment Breakdown - \$4,670,000  
Deductible: \$2,500 (Property) / 24 Hours Waiting Period (Loss of Income)  
Mobile Communication Property: \$50,000 Per Occ / \$100,000 Agg / \$3,500 Deductible  
Special Form / Replacement Cost  
General Liability: \$1,000,000 Per Occurrence / \$2,000,000 Aggregate  
Medical Payments: \$5,000

### **Crime and Fidelity:**

Insurance Company Name: PA Manufacturers Assn.  
Policy Number: 41220110548Y  
Policy Term: 01/01/22 - 01/01/23  
Employee Dishonesty: \$250,000 / \$2,500 Deductible  
Forgery/Alteration: \$25,000 / \$1,000 Deductible  
Computer Fraud / Electronic Funds Transfer: \$250,000 / \$2,500 Deductible  
Money Orders & Counterfeit Money - \$25,000 / \$1,000 Deductible

### **Umbrella/Excess Liability**

Insurance Company Name: Greenwich Insurance Co /Preferred Property Program  
Policy Number: PPP7459811  
Policy Term: 01/01/22 - 01/01/23  
Policy Limits: \$10,000,000  
Policy Retention: \$0

### **Director's and Officer's Liability:**

Insurance Company Name: United States Liability Ins. Co.  
Policy Number: CAP1551290D  
Policy Term: 01/01/22 - 01/01/23  
Policy Limits: \$1,000,000  
Policy Retention: \$1,000 Each Claim

### **Workers' Compensation**

Insurance Company Name: PA Mfg's Assoc. Ins. Co.  
Policy Number: 2022011054758Y  
Policy Term: 01/01/22 - 01/01/23  
Workers' Compensation - Per State of CO Statute  
Employers Liability:  
\$1,000,000 Each Accident  
\$1,000,000 Disease - Each Employee  
\$1,000,000 Disease - Policy Limit

This is only a summary of the insurance policies written through Robert E. Harris Insurance Agency, Inc. for The Association.  
**Please refer to the actual policies for complete coverage.**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/17/2022

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>E-MAIL ADDRESS:</b> pam@reharris.com																					
<b>INSURED</b> Edwards Village II Association, Inc. c/o Walter Realty Group, Inc PO Box 1988 Edwards CO 81632	<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>Federal Ins Co.</td><td>20281</td></tr><tr><td>INSURER B:</td><td>Greenwich Insurance Company</td><td></td></tr><tr><td>INSURER C:</td><td>PA Mfg's Assoc Ins Co/Midwest</td><td></td></tr><tr><td>INSURER D:</td><td>USLI/MGA Live</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:	Federal Ins Co.	20281	INSURER B:	Greenwich Insurance Company		INSURER C:	PA Mfg's Assoc Ins Co/Midwest		INSURER D:	USLI/MGA Live		INSURER E:			INSURER F:		
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**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 Master Cert      **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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35988154 WCE	01/01/2022	01/01/2023	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 \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7459811	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 10,000,000
			AGGREGATE \$ 10,000,000				
							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			2022011054758Y	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
D	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>			CAP1551290D	01/01/2022	01/01/2023	LIABILITY LIMIT \$1,000,000 AGGREGATE LIMIT \$1,000,000 DEDUCTIBLE: \$1,000

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

PLEASE REFER TO PAGE 2 FOR COMMERCIAL 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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Edwards Village II Association, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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

LOCATION: 1140 EDWARDS VILLAGE BLVD. AND 1170 EDWARDS VILLAGE BLVD., EDWARDS, CO 81632

**COMMERCIAL PROPERTY COVERAGE:**

Insurance Carrier: Chubb Group / Federal Ins. Co.

Policy # 3598-81-54 WCE

Effective Date: 1/1/22 - 1/1/23

Building Replacement Cost - Blanket Limit: \$4,670,000

Loss of Association Income - \$100,000

Building Law &amp; Ordinance - \$4,670,000

Equipment Breakdown - Boiler &amp; Machinery - \$4,670,000

**Deductibles:**

\$2,500 (Property)

24 Hour Waiting Period (Loss of Income)

Mobile Communication Property: \$50,000 Occurrence / \$100,000 Aggregate / \$3,500 Deductible

Causes of Loss - Special Form

Valuation- Replacement Cost

Coinsurance - N/A (Agreed Amount)

**CRIME FIDELITY COVERAGE:**

Insurance Carrier: PA Manufacturers Assn.

Policy #41220110548Y

Effective Date: 1/1/22 - 1/1/23

Employee Dishonesty - \$250,000 / \$2,500 Ded.

Forgery or Alteration - \$25,000 / \$1,000 Ded.

Money &amp; Securities - \$25,000 / \$1,000 Ded.

Robbery or Safe Burglary - \$25,000 / \$1,000 Ded.

Computer Fraud / Electronic Funds Transfer - \$250,000 / \$2,500 Ded.

Money Orders &amp; Counterfeit Money - \$25,000 / \$1,000 Ded.

Designated Covered Employee - any Board Member, Property Manager and Third Parties that may have access to funds.



January 17, 2022

Dear Unit Owner:

We appreciate the opportunity to work with your Property Manager, Michael Walter, in placing the Association's Master Insurance Policy for Edwards Village II Association, Inc.

Attached is a certificate of the Association's insurance for your files.

The Board of Directors has elected to obtain a Master Policy that has been written to comply with the Associations Condominium Declarations Insurance Provisions.

The Association is to insure the following:

- Common Elements (Buildings and/or Structures and common areas)
- Limited Common Areas (Outdoor decks/balconies, patios)
- The Units, but only up to and including the drywall

Unit Owners are to insure the following:

- All property in the units, i.e.; permanently attached fixtures, cabinets, flooring, etc.
- Any improvements and/or upgrades installed by owners
- Contents such as furniture, furnishings and other personal property
- Loss of assessments, Loss of income (if property is a rental unit), Loss of Use
- Personal Liability

Please refer to the Association's Governing Documents (Condominium Declarations) for further information regarding the insurance requirements for the Association and Unit Owners.

We recommend you forward this to your Personal Lines Agent to make sure you have the correct HO-6 Policy for your condominium unit.

If you have any questions or need additional information, please contact me or Pam Linares.

Sincerely,

*Steve DeRaddo*

Stephen DeRaddo  
CIRMS-Community Insurance & Risk Management Specialist  
Director of Community Associations and Management Companies





## Robert E Harris Insurance Agency Service Team

When you have changes in insurance, require claim service, and/or have questions, our team of professionals are qualified and prepared to assist you.

**Broker: Stephen DeRaddo, CIRMS**

**Director of Community Associations & Management Companies**

Office Phone: (714)824-6836 // Cell Phone: (970)379-6895

Email: [sderaddo@reharris.com](mailto:sderaddo@reharris.com)

**Account Manager - Service: Pam Linares**

*Contact Pam: Concerning Evidence of Insurance/Certificates, Billing Questions, Change Requests, Claim Reporting, etc.*

Phone: (714)619-4495

Email: [pam@reharris.com](mailto:pam@reharris.com)

**Account Manager - Marketing: Beatzy Banuelos**

Phone: (714)619-4492

Email: [beatzy@reharris.com](mailto:beatzy@reharris.com)

**Workers' Compensation Claims: Connie Herrera**

Phone: (714)824-6825

Email: [connie@reharris.com](mailto:connie@reharris.com)

**Personal Insurance: Terry Schoubye, Department Manager**

*Contact Terry: for insurance for your home, automobile, boat, recreational vehicles and other personal insurance.*

Phone: (714)824-6820

Email: [terry@reharris.com](mailto:terry@reharris.com)