



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/04/2020

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> Avon Town Square Lot 2 Commercial Condominium Association c/o Walter Realty Group, Inc. PO Box 1988 Edwards CO 81632	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>American Alternative Insurance Corporation</td><td>19720</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>ACE Fire Underwriters Insurance</td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Alternative Insurance Corporation	19720	INSURER B:	Greenwich Insurance Company		INSURER C:	PA Mfg's Assoc Ins Co/Midwest		INSURER D:	ACE Fire Underwriters Insurance		INSURER E:			INSURER F:		
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## COVERAGES

CERTIFICATE NUMBER: 20-21 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> <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:			CAU513881-2	01/26/2020	01/26/2021	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 \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Employee Benefits \$ None
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU513881-2	01/26/2019	01/26/2020	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"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			PPP7459858	01/26/2020	01/26/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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		N/A	2020011059161Y	01/26/2020	01/26/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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>			ADOCOF148702462	01/26/2020	01/26/2021	Retention: \$0 Ea. Claim 1,000,000 Ea Loss \$1,000,000 Agg. For All Losses

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

## CERTIFICATE HOLDER

## 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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AGENCY CUSTOMER ID: \_\_\_\_\_

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



## ADDITIONAL REMARKS SCHEDULE

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

<b>AGENCY</b> Robert Harris Insurance Agency, Inc.		<b>NAMED INSURED</b> Avon Town Square Lot 2 Commercial Condominium Association	
<b>POLICY NUMBER</b> 			
<b>CARRIER</b> 	<b>NAIC CODE</b> 		
<b>EFFECTIVE DATE:</b> 			

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

PAGE 2

AVON TOWN SQUARE LOT 2 COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

LOCATION ADDRESS: 70 BENCHMARK RD. AND 90 BENCHMARK RD., AVON, CO 81620

#### COMMERCIAL PROPERTY COVERAGE:

Insurance Carrier: American Alternative Ins. Corp / CAU

Policy #CAU513881-2

Effective Date: 01/26/2020 - 01/26/2021

Building Replacement Cost Limit: \$5,850,000 (Guaranteed Replacement Cost)

Loss of Association Income: Actual Loss Sustained

Building Law & Ordinance: Guaranteed Replacement Cost

Equipment Breakdown / Boiler & Machinery: Included

Sewer & Drain Backup: Guaranteed Replacement Cost

Deductible: Property - \$5,000 / Income Loss - 24 Hour Waiting Period

Causes of Loss: Special Form

Coinurance: N/A (Agreed Amount)

#### CRIME / FIDELITY COVERAGE:

Insurance Carrier: American Alternative Ins. Corp / CAU

Policy #CAU513881-2

Effective Date: 01/26/2020 - 01/26/2021

Employee Dishonesty - \$150,000 Limit

Deductible - None

Valuation - Actual Loss Sustained

Coverages Included:

Money & Securities (Inside & Outside)

Money Order / Counterfeit Currency

Forgery or Alteration

Computer Fraud

Defined Covered Employee: Any Board Member, Property Manager and Third Parties that may have access to funds



**Insurance Summary for  
Avon Town Square Lot 2 Condominium Associaton, Inc.**

**Package Policy:**

Insurance Company Name: American Alternative Insurance Corp. / CAU  
Policy Number: CAU513881-2  
Policy Term: 01/26/20 to 01/26/21

**Blanket Property Limits:**

Buildings: \$5,850,000 (Guaranteed Replacement Cost)  
Association Loss of Income: Actual Loss Sustained  
Building Ordinance or Law Coverage – Guaranteed Replacement Cost  
Boiler & Machinery/ Equipment Breakdown - Included  
Deductible: \$5,000 (Property) / 24 Hours Waiting Period (Loss of Income)  
Special Form / Guaranteed Replacement Cost

General Liability: \$1,000,000 Per Occurrence / General Aggregate - Unlimited  
Medical Payments: \$5,000

**Crime and Fidelity:**

Insurance Company Name: American Alternative Insurance Corp. / CAU  
Policy Number: CAU513881-1  
Policy Term: 01/26/20 to 01/26/21

Employee Dishonesty: \$150,000 Limit

Deductible: None

Valuation: Actual Loss Sustained

Coverages Included:

Money & Securities (Inside & Outside); Money Order / Counterfeit Currency; Forgery  
or Alteration; Computer Fraud

**Umbrella/Excess Liability**

Insurance Company Name: Greenwich Insurance Co /Preferred Property Program  
Policy Number: PPP7459858  
Policy Term: 01/26/20 – 01/26/21  
Policy Limits: \$5,000,000  
Policy Retention: \$0





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

Insurance Company Name: ACE Fire Underwriters Insurance  
Policy Number: ADOCOF148702462  
Policy Term: 01/26/20 – 01/26/21  
Policy Limits: \$1,000,000 Each Loss /; \$1,000,000 Aggregate for All Loss  
Policy Retention: \$0 – Each Claim

**Workers' Compensation**

Insurance Company Name: PA Mfg's Assoc. Ins. Co.  
Policy #2019011059161Y  
Policy Term: 01/26/20 – 01/26/21  
Workers' Compensation – Per State of Colorado Statute  
Employers Liability:  
E. L. Each Accident - \$1,000,000  
E. L. Disease – Each Employee \$1,000,000  
E. L. Disease – Policy Limit \$1,000,000

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.



February 4, 2020

Dear Unit Owner:

We appreciate the opportunity to work with your Property Manager, Michael Walter, in placing the Association's master insurance policy for Avon Town Square Lot 2 Commercial Condominium Association, Inc.

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

The Executive Board of Directors has elected to obtain a master policy that has been written to comply with the Associations Covenants/Declarations insurance sections.

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:

- Interior finishes of the walls, floors, ceilings, fixtures, equipment and all permanently attached property
- 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 (Declarations, Covenants, Bylaws) for further information regarding the insurance requirements for the Association and unit owners.

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

Sincerely,

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.

**Producer: Stephen DeRaddo, CIRMS**

**Director of Community Associations & Management Companies**

Phone: (714)824-6836

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)