



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2021

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>E-MAIL ADDRESS:</b> pam@reharris.com		<b>FAX (A/C, No):</b> (714) 619-4481	
<b>INSURED</b> Avon Town Square Commercial Condominium Association PO Box 1988 Edwards CO 81632		<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
		INSURER A : American Alternative Insurance Corporation			19720
		INSURER B : Greenwich Insurance Company			
		INSURER C : United States Liability Ins. (USLI)			
		INSURER D : PA Manufacturers Assoc. Ins.			
		INSURER E :			
		INSURER F :			


**COVERAGES**                      **CERTIFICATE NUMBER:** 21-22 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"/> COMMERCIAL GENERAL LIABILITY			CAU5134903	10/29/2021	10/29/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 1,000,000
OTHER:							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<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 type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7459126	10/29/2021	10/29/2022	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			2021051038330Y	10/29/2021	10/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>			CAP1556847	10/29/2021	10/29/2022	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)

SEE PAGE 2 FOR PROPERTY / CRIME COVERAGES CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  UNIT OWNER COPY	<b>CANCELLATION</b>  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> Avon Town Square 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

1 Building / 28 Commercial Units

Location Address: 30 Benchmark Rd., Avon, CO 81620

**COMMERCIAL PROPERTY COVERAGE:**

Insurance Carrier: American Alternative Insurance Co. (CAU Program)  
 Policy # CAU5134901  
 Effective Date: 10/29/20 - 10/29/21

Building Coverage Limit - GUARANTEED REPLACEMENT COST (\$4,000,000 Ratable Limit)  
 Association Business Personal Property - GUARANTEED REPLACEMENT COST  
 Business Income Incl. Extra Expense- 12 Months  
 Building Law & Ordinance - A - GUARANTEED REPLACEMENT COST  
 B - Demolition Cost - \$300,000  
 C - Increased Cost of Construction - \$300,000

Equipment Breakdown / Boiler & Machinery - GUARANTEED REPLACEMENT COST  
 Sewer & Drain Backup - GUARANTEED REPLACEMENT COST  
 Earthquake Sprinkler Leakage - \$1,000 Loss Limit

Deductible: \$5,000 Property / Actual Loss Sustained - Loss of Assn. Assessments)  
 Valuation: GUARANTEED REPLACEMENT COST  
 Coinsurance: N/A (Agreed Amount)

**CRIME / FIDELITY COVERAGE:**

Insurance Carrier: American Alternative Insurance Co. (CAU Program)  
 Policy # CAU5134901  
 Effective Date: 10/29/20 - 10/29/21

Employee Dishonesty - \$150,000 / \$0 Deductible  
 Including: Forgery or Alteration, Computer Fraud

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