



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/29/2021

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).

PRODUCER Robert Harris Insurance Agency, Inc. Lic. #0216736 3150 Bristol St., Suite 200 Costa Mesa CA 92626	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Pam Linares</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (714) 619-4480</td> <td>FAX (A/C, No): (714) 619-4481</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: pam@reharris.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: American Alternative Insurance Corporation</td> <td style="text-align: right;">NAIC # 19720</td> </tr> <tr> <td colspan="2">INSURER B: Greenwich Insurance Company</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Pam Linares		PHONE (A/C, No, Ext): (714) 619-4480	FAX (A/C, No): (714) 619-4481	E-MAIL ADDRESS: pam@reharris.com		INSURER(S) AFFORDING COVERAGE		INSURER A: American Alternative Insurance Corporation	NAIC # 19720	INSURER B: Greenwich Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Stone Creek Meadows Condominium Association, Inc Vail Management Company P.O. Bx 6130 Avon CO 81620																					

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 <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:			CAU521338-1	07/16/2021	07/16/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU521338-1	07/16/2021	07/16/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7480296	07/16/2021	07/16/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	DIRECTORS & OFFICERS LIABILITY			CAU521338-1	07/16/2021	07/16/2022	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)
 CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium.
 PLEASE SEE PAGE 2 FOR PROPERTY AND CRIME / FIDELITY 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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Stone Creek Meadows Condominium 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 ADDRESS: 264 EAGLE DRIVE, AVON, CO 81620
OF BUILDINGS - 5
OF UNITS - 38

Commercial Property Coverage:
Insurance Company: American Alternative Ins. Co. (CAU Program)
Policy #CAU521338-1
Effective Date: 07/16/21 - 07/16/22

Blanket Building Coverage: \$12,484,260 Ratable Limit / GUARANTEED REPLACEMENT COST (GRC)
Association Business Personal Property: GUARANTEED REPLACEMENT COST
Loss of Association Assessment - Actual Loss Sustained / 12 Months
Building Law & Ordinance - Coverage A - GUARANTEED REPLACEMENT COST
Coverate B & C: \$300,000
Equipment Breakdown / Boiler & Machinery: GRC
Sewer & Drain Backup: GRC
Earthquake Sprinkler Leakage: \$1,000 Loss Limit

Causes of Loss: Special Form
Valuation: GUARANTEED REPLACEMENT COST (GRC)
Deductible: \$10,000 - Property / 24 Hour Waiting Period - Loss of Assoc. Assessments
Coinsurance: N/A (Agreed Amount)

CRIME / FIDELITY COVERAGE:

Insurance Company: American Alternative Ins. Co. (CAU Program)
Policy #CAU521338-1
Effective Date: 7/16/21 - 7/16/22

Employee Theft: \$150,000
Including: Forgery or Alteration, Computer Fraud
Deductible: \$0

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