



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/28/2022

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).

PRODUCER Robert Harris Insurance Agency, Inc. Lic. #0216736 3150 Bristol St., Suite 200 Costa Mesa CA 92626		CONTACT NAME: Pam Linares PHONE (A/C, No, Ext): (714) 619-4480 E-MAIL ADDRESS: pam@reharris.com FAX (A/C, No): (714) 619-4481	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: American Alternative Insurance Corporation	NAIC # 19720
		INSURER B: Greenwich Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
INSURED Stone Creek Meadows Condominium Association, Inc Vail Management Company P.O. Bx 6130 Avon CO 81620			
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 22-23 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			CAU521338-2	07/16/2022	07/16/2023	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$ 2,000,000		
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 2,000,000		
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					Employee Benefits \$ 0		
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$		
	<input type="checkbox"/> OTHER:						BODILY INJURY (Per person) \$		
B	<input type="checkbox"/> UMBRELLA LIAB			PPP7480296	07/16/2022	07/16/2023	BODILY INJURY (Per accident) \$		
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					PROPERTY DAMAGE (Per accident) \$		
	<input type="checkbox"/> CLAIMS-MADE								
	DED	RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				OTHER		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$		
A	DIRECTORS & OFFICERS LIABILITY			CAU521338-2	07/16/2022	07/16/2023	E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$		
							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**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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

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 #CAU521338-2
 Effective Date: 07/16/22 - 07/16/23

Blanket Building Coverage: \$13,575,000 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
 Coverage 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 #CAU521338-2
 Effective Date: 7/16/22 - 7/16/23

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