



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/01/2021

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	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	
INSURED Avon Town Square Lot 2 Commercial Condominium Association c/o Walter Realty Group, Inc. PO Box 1988 Edwards CO 81632	INSURER A: American Alternative Insurance Corporation NAIC # 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:	

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:			CAU513881-3	01/26/2021	01/26/2022	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAU513881-3	01/26/2021	01/26/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7459858	01/26/2021	01/26/2022	EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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	2021011059161Y	01/26/2021	01/26/2022	PER STATUTE 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				ADOCOF148702462-003	01/26/2021	01/26/2022	

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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Avon Town Square Lot 2 Commercial Condominium Association	
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

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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 #CAU513881-3
 Effective Date: 01/26/2021 - 01/26/2022

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

Coinsurance: N/A (Agreed Amount)

CRIME / FIDELITY COVERAGE:

Insurance Carrier: American Alternative Ins. Corp / CAU
 Policy #CAU513881-3

Effective Date: 01/26/2021 - 01/26/2022

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



February 1, 2021

Dear Unit Owner:

We appreciate the opportunity to work with your Community 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 Board of Directors has elected to obtain a master policy that has been written to comply with the Association's Condominium Declaration 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:

- 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 (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



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

Package Policy:

Insurance Company Name: American Alternative Insurance Corp. / CAU
Policy Number: CAU513881-3
Policy Term: 01/26/21 to 01/26/22

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: CAU513881-3
Policy Term: 01/26/21 to 01/26/22

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: 01/26/21 – 01/26/22
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: 01/26/21 – 01/26/22
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 #2021011059161Y
Policy Term: 01/26/21 – 01/26/22
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.



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

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

Account Manager - Marketing: Beatzy Banuelos
Phone: (714)619-4492
Email: beatzy@reharris.com

Workers' Compensation Claims: Connie Herrera
Phone: (714)824-6825
Email: 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