



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2020

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>E-MAIL ADDRESS:</b> pam@reharris.com <b>FAX (A/C, No):</b> (714) 619-4481	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Blue Mesa Lodge Condominium Association, Inc. P.O. Box 2710 Telluride CO 81435		<b>INSURER A:</b> AmGuard Insurance Company <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> Travelers Casualty and Surety Co Amer <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		NAIC # 31194	

**COVERAGES****CERTIFICATE NUMBER:** CL20112019680**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:			BLBP133116	11/20/2020	11/20/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 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	
	<b>AUTOMOBILE LIABILITY</b> <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						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"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP744000006	11/20/2020	11/20/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
C	<b>DIRECTORS &amp; OFFICERS LIABILITY</b>			107180366	11/20/2020	11/20/2021	Deductible: \$0 - Agrmt. A \$1,000,000 Liab. \$1,000 Ded.-Agrmt. B&C \$1,000,000 Agg.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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

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# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Robert Harris Insurance Agency, Inc.		<b>NAMED INSURED</b> Blue Mesa Lodge Condominium Association, Inc.	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

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

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

Location Address: 117 Lost Creek Lane, Mountain Village, CO 81435  
 # of Buildings - One  
 Residential Units - 28  
 Commercial Units - Total 6,470 Sq. Ft.

**COMMERCIAL PROPERTY COVERAGE:**

Carrier: AmGUARD Ins. Co. (Berkshire Hathaway GUARD)  
 Policy #BLBP13316  
 Effective Date: 11/20/20 - 11/20/21

Building Replacement Cost Limit: \$7,850,000  
 Association Business Personal Property: Included  
 Loss of Association Fee Income: Actual Loss Sustained  
 Building Ordinance & Law - A: \$7,850,000  
 Building Ordinance & Law - B&C: \$250,000  
 Equipment Breakdown: Included

Causes of Loss: Special Form  
 Valuation: Replacement Cost - Property  
 Actual Loss Sustained - up to 12 Mos. - Loss of Income  
 Inflation Guard: 4%  
 Deductible: \$5,000 Property  
 24 Hour Waiting Period - Business Income & Extra Expense

Coinsurance: N/A (Agreed Amount)

**CRIME / FIDELITY COVERAGE:**

Carrier: Travelers Casualty & Surety Co. of America  
 Policy #107180366  
 Effective Date: 11/20/20 - 11/20/21

Employee Dishonesty \$75,000 / \$500 Deductible  
 Forgery or Alteration \$75,000 / \$500 Deductible  
 Computer Crime \$75,000 / \$500 Deductible  
 Funds Transfer Fraud \$75,000 / \$500 Deductible  
 Claim Expense \$5,000 / \$0 Deductible

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