



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/22/2021

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>FAX (A/C, No):</b> (714) 619-4481 <b>E-MAIL ADDRESS:</b> pam@reharris.com																					
<b>INSURED</b> Red Canyon Townhomes Owners Association Inc. C/O McNeill Property Management P.O. Box 8366 Avon CO 81631	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> American Alternative Insurance Corporation</td> <td></td> <td>19720</td> </tr> <tr> <td><b>INSURER B:</b> Greenwich Insurance Company</td> <td></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> American Alternative Insurance Corporation		19720	<b>INSURER B:</b> Greenwich Insurance Company			<b>INSURER C:</b>			<b>INSURER D:</b>			<b>INSURER E:</b>			<b>INSURER F:</b>		
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**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			CAU502083-4	09/23/2020	09/23/2022	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		
							GENERAL AGGREGATE	\$ 2,000,000		
							PRODUCTS - COMP/OP AGG	\$ 2,000,000		
								\$		
	<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			PPP7451348	09/23/2021	09/23/2022	EACH OCCURRENCE	\$ 5,000,000		
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 5,000,000		
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE						\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OT-HER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$		
A	DIRECTORS & OFFICERS LIABILITY			CAU502083-4	09/23/2020	09/23/2022	Each Wrongful Act	\$1,000,000		
							Aggregate	\$1,000,000		

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

PLEASE REFER TO PAGE 2 FOR PROPERTY AND CRIME / FIDELITY COVERAGE

30 Days Notice of Cancellation / 10 Days Notice for Non-Payment of Premium

### CERTIFICATE HOLDER

### CANCELLATION

UNIT OWNER COPY	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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# ADDITIONAL REMARKS SCHEDULE

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Red Canyon Townhomes Owners Association Inc.	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

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

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

Location: Chelsea Court, Eagle, CO 81631  
 # of Buildings - 18  
 # of Units - 76

**COMMERCIAL PROPERTY COVERAGE:**

Insurance Carrier: CAU Programs / Munich Reinsurance  
 Policy #CAU502083-4  
 Effective: 9/23/20 - 9/23/22

Association Building Replacement Cost Limit: \$17,415,875 GUARANTEED REPLACEMENT COST (GRC)  
 Loss of Association Assessment Income - 12 Months  
 Building Law and Ordinance - GRC  
 B - Demolition Costs - \$300,000  
 C - Increased Cost of Construction - \$300,000  
 Equipment Breakdown / Boiler & Machinery - GRC  
 Earthquake Sprinkler Leakage - \$1,000 Loss Limit  
 Sewer & Drain Backup - GRC

**Causes of Loss - Special Form**

Valuation - Guaranteed Replacement Cost - Property / Actual Loss Sustained - Loss of Assn. Assessments  
 Deductible - \$2,500 Property / 24 Hour Waiting Period - Loss of Assn. Assessments  
 Coinsurance - N/A (Agreed Amount)

GRC = GUARANTEED REPLACEMENT COST

**CRIME / FIDELITY COVERAGE:**

Insurance Carrier: CAU Programs / Munich Reinsurance  
 Policy #CAU502083-4  
 Effective: 9/23/20 - 9/23/22  
 Employee Theft - \$400,000 Including:  
 Forgery & Alteration  
 Computer Fraud  
 Deductible: \$0

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