



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2021

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>E-MAIL ADDRESS:</b> pam@reharris.com <b>FAX (A/C, No):</b> (714) 619-4481																						
<b>INSURED</b> Brooktree Townhouses Association C/O VAIL MANAGEMENT P.O. BOX 6130 Avon CO 81620		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Philadelphia Insurance Companies</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>PA Mfg's Assoc Ins Co/Midwest</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>Travelers Casualty and Surety Co Amer</td> <td>31194</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Companies		INSURER B:	Greenwich Insurance Company		INSURER C:	PA Mfg's Assoc Ins Co/Midwest		INSURER D:	Travelers Casualty and Surety Co Amer	31194	INSURER E:			INSURER F:		
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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			PHPK2339205	10/19/2021	10/19/2022	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	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	
	<input type="checkbox"/> OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG	\$ 1,000,000	
	<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)	\$	
	<input type="checkbox"/> BODILY INJURY (Per person)						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident)						PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			PPP7481727	10/19/2021	10/19/2022	EACH OCCURRENCE	\$ 5,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED	RETENTION \$						\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			TBD	10/19/2021	10/19/2022	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	DIRECTORS & OFFICERS LIABILITY			107333319	10/19/2021	10/19/2022	\$5,000 DEDUCTIBLE	\$1,000,000 Liab. Limit \$1,000,000 Agg.	

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 REFER TO 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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Brooktree Townhouses 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

Location Address: 980 Vail View Drive, Vail, CO 81657  
# of Buildings: 4  
# of Units: 48

### COMMERCIAL PROPERTY:

Insurance Carrier: Philadelphia Ins. Co.  
Policy #PHPK2339205  
Effective Date: 10/19/21 - 10/19/22

Balnket Building Limit: \$11,720,000  
Structures / Outdoor Property: Building Limit  
Loss of Association Income: Actual Loss Sustained  
Water & Sewer Backup: Building Limit  
Foundations, Pipes, Flues: Building Limit  
Boiler & Machinery / Equipment Breakdown: Included  
Causes of Loss: Special Form  
Valuation: Building - Replacement Cost Plus 125%  
Deductible: \$5,000 Property / 72 Hour Waiting Period - Association Income & Extra Expense  
Coinsurance: N/A (Agreed Amount)

### CRIME / FIDELITY COVERAGE:

Insurance Carrier: Travelers Casualty & Surety Co.  
Policy #107333319  
Effective Date: 10/19/21 - 10/19/22

Employee Theft: \$725,000  
Deductible: \$7,250  
Including: Forgery or Alteration, Computer Fraud / EFT, Money & Securities Inside & OUtside, Money Order / Counterfeit

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