





# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Robert Harris Insurance Agency, Inc.		<b>NAMED INSURED</b> Brooktree Townhouses Association	
<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: 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

Balnknet Building Limit: \$11,720,000  
 Wind or Hail Coverage - Included  
 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.