



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/12/2018

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 AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	CONTACT NAME: Shanti Cartmell, CIC PHONE (A/C, No, Ext): (970) 945-5593 FAX (A/C, No): E-MAIL ADDRESS: shanti.cartmell@assuredpartners.com
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : American Alternative Ins Corp 19720 INSURER B : Greenwich Insurance Company 22322 INSURER C : Pennsylvania Manufacturers' Association Insurance Company 12262 INSURER D : INSURER E : INSURER F :

COVERAGES
CERTIFICATE NUMBER:
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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CAU510678-1	05/20/2018	05/20/2019	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	\$ Included
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAU510678-1	05/20/2018	05/20/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7458382L18A-03	05/20/2018	05/20/2019	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			201801-08-90-10-3Y	05/20/2018	05/20/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Crime (Includes Burg)			CAU510678-1	05/20/2018	05/20/2019	Deductible \$0	175,000
A	Directors & Officers			CAU510678-1	05/20/2018	05/20/2019	Deductible \$0	1,000,000

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

CERTIFICATE HOLDER <p style="text-align: center;">Information Only</p>	CANCELLATION <p style="text-align: center;">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 style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <div style="text-align: center;"></div>
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ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners Colorado		NAMED INSURED Pacific Street Townhomes Owners Association Inc c/o Full Circle HOA Management 560 Mountain Village Blvd #102B Mountain Village, CO 81435	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property Information:

CARRIER: AMERICAN ALTERNATIVE INS CO
EFFECTIVE DATES: 5/20/18-5/20/19
POLICY #: CAU510678-1
BUILDING LIMIT: \$4,750,000
DEDUCTIBLE: \$5,000
OF UNITS: 8
OF BUILDINGS: 4
GUARANTEED REPLACEMENT COST OF THE LIMIT ABOVE
SEVERABILITY OF INTEREST IS INCLUDED
ORDINANCE AND LAW IS INCLUDED
NO CO-INSURANCE
SPECIAL FORM
NO INFLATION GUARD
EQUIPMENT BREAKDOWN COVERAGE INCLUDED

FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

***** PLEASE READ*****

ALL IN COVERAGE IS SUBJECT TO AND DEPENDENT ON THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. FOR DETAILS ON WHAT UNIT OWNERS INSURANCE RESPONSIBILITY IS VS THE ASSOCIATION PLEASE REFER ALL OF YOUR QUESTIONS TO THE COVENANTS AND BYLAWS FOR THE ASSOCIATION FOR THIS INFORMATION. DETAILS ARE NOT FOUND IN THE POLICIES. THIS DOCUMENT CAN BE OBTAINED FROM THE PROPERTY MANAGEMENT COMPANY**

CANCELLATIONS: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. FOR DETAILS ON THESE PROVISIONS YOU AS THE LENDER, AGENT, UNIT OWNER OR INSURED WILL NEED TO OBTAIN AND REVIEW A COPY OF EACH POLICY. COPIES OF ALL POLICIES MUST BE OBTAINED FROM THE MANAGEMENT COMPANY. ASSUREDPARTNERS CANNOT PROVIDE THESE DOCUMENTS TO ANYONE OTHER THAN THE NAMED INSURED.

COPIES OF FULL POLICIES AND/OR COVENANTS CAN ONLY BE OBTAINED BY CONTACTING THE MANAGEMENT COMPANY. AssuredPartners CANNOT PROVIDE THESE.
Building Ordinance or Law Coverage included