



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**05/22/2019**

**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><br>AssuredPartners Colorado<br>4582 S. Ulster Street Suite 600<br>Denver, CO 80237 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>(303) 863-7788</b> FAX (A/C, No):<br>E-MAIL ADDRESS:<br>_____ |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURER A : American Alternative Ins Corp</b> <b>NAIC # 19720</b>                               |  |
| <b>INSURER B : Greenwich Insurance Company</b> <b>22322</b>  |  |
| <b>INSURER C : Pennsylvania Manufacturers' Association Insurance Company</b> <b>12262</b>          |  |
| <b>INSURER D :</b>   |  |
| <b>INSURER E :</b>   |  |
| <b>INSURER F :</b>   |  |

**INSURED**  
**Pacific Street Townhomes Owners Association Inc**  
**c/o Full Circle HOA Management**  
**560 Mountain Village Blvd #102B**  
**Mountain Village, CO 81435**

**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                                    |                     |
|----------|--|------------------------|---------------------|---------------------------|-------------------------|-------------------------|---|---------------------|
|          |  |                        |                     |                           |                         |                         |   |                     |
| <b>A</b> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: _____ |                        |                     | <b>CAU510678-2</b>        | <b>05/20/2019</b>       | <b>05/20/2020</b>       | EACH OCCURRENCE                           | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         | MED EXP (Any one person)                  | <b>\$ 5,000</b>     |
|          |  |                        |                     |                           |                         |                         | PERSONAL & ADV INJURY                     | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         | GENERAL AGGREGATE                         | <b>\$ Included</b>  |
|          |  | PRODUCTS - COMP/OP AGG | <b>\$ 1,000,000</b> |                           |                         |                         |   |                     |
|          |  |                        |                     |                           |                         |                         |   |                     |
| <b>A</b> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |                        |                     | <b>CAU510678-2</b>        | <b>05/20/2019</b>       | <b>05/20/2020</b>       | COMBINED SINGLE LIMIT (Ea accident)       | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         | BODILY INJURY (Per person)                | <b>\$</b>           |
|          |  |                        |                     |                           |                         |                         | BODILY INJURY (Per accident)              | <b>\$</b>           |
|          |  |                        |                     |                           |                         |                         | PROPERTY DAMAGE (Per accident)            | <b>\$</b>           |
|          |  |                        |                     |                           |                         |                         |   | <b>\$</b>           |
|          |  |                        |                     |                           |                         |                         |   |                     |
| <b>B</b> | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>   |                        |                     | <b>PPP7458382L19A-04</b>  | <b>05/20/2019</b>       | <b>05/20/2020</b>       | EACH OCCURRENCE                           | <b>\$ 5,000,000</b> |
|          |  |                        |                     |                           |                         |                         | AGGREGATE                                 | <b>\$ 5,000,000</b> |
|          |  |                        |                     |                           |                         |                         |   | <b>\$</b>           |
| <b>C</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                        |                     | <b>201901-08-90-10-3Y</b> | <b>05/20/2019</b>       | <b>05/20/2020</b>       | PER STATUTE    OTH-ER                     | <b>\$</b>           |
|          |  |                        |                     |                           |                         |                         | E.L. EACH ACCIDENT                        | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         | E.L. DISEASE - EA EMPLOYEE                | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         | E.L. DISEASE - POLICY LIMIT               | <b>\$ 1,000,000</b> |
|          |  |                        |                     |                           |                         |                         |   | <b>\$</b>           |
| <b>A</b> | <b>Crime</b>   |                        |                     | <b>CAU510678-2</b>        | <b>05/20/2019</b>       | <b>05/20/2020</b>       | <b>Deductible \$0</b>                     | <b>175,000</b>      |
| <b>A</b> | <b>Directors &amp; Officers</b>  |                        |                     | <b>CAU510678-2</b>        | <b>05/20/2019</b>       | <b>05/20/2020</b>       | <b>Deductible \$0</b>                     | <b>1,000,000</b>    |

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

**CERTIFICATE HOLDER**

**CANCELLATION**

|                             |   |
|-----------------------------|---|
| Informational Purposes Only | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE |
|-----------------------------|---|



## ADDITIONAL REMARKS SCHEDULE

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

## 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 Insurance Corporation

EFFECTIVE: 5/20/2019 to 5/20/2020

POLICY #: CAU510678-2

LIMIT: \$4,825,000

DEDUCTIBLE: \$10,000

# OF UNITS: 8

# OF BUILDINGS: 4

100% GUARANTEED REPLACEMENT COST UP TO THE LIMIT ABOVE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED

NO COINSURANCE

SPECIAL FORM

NO INFLATION GUARD

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM

WAIVER OF SUBROGATION APPLIES

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

EQUIPMENT BREAKDOWN COVERAGE INCLUDED

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

## \*\*\*\*\* PLEASE READ\*\*\*\*\*

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.