



June 27, 2018

Dear Unit Owner:

We appreciate the opportunity to work with your Property Manager, Paul Redmond, in placing the association's master insurance policy for Beaver Bench Condominium Association.

Attached is a Certificate of the Association's insurance for your files.

The Executive Board of Directors has elected to obtain a master policy that has been written to comply with the Associations Covenants/Declarations insurance sections.

**The Association is to insure :**

- Common Elements (Buildings and/or Structures and common areas)
- Limited Common Areas (Outdoor decks/balconies, patios)
- Property included in residential units which were initially installed in accordance with the original plans and specifications and/or a replacement of same like kind and quality.

**Unit Owners are to insure:**

- Any improvements and/or upgrades installed by owners
- Contents such as furniture, furnishings and other personal property
- Loss of assessments, Loss of income (if property is a rental unit), Loss of Use
- Personal Liability

Please refer to the Association's Governing Documents (Declarations, Covenants, Bylaws) for further information regarding the insurance requirements for the association and unit owners.

If you have any questions or need additional information please contact myself or Pam Linares.

Sincerely,

Stephen DeRaddo  
CIRMS – Community Insurance & Risk Management Specialist  
Lead Producer for Community Associations and Management Companies



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/9/2018

**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 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> Beaver Bench Condominium Owners Association, Inc. c/o Vail Management Company P.O. Box 6130 Avon CO 81620	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B: Greenwich Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER C: Travelers Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Ins. Co.		INSURER B: Greenwich Ins. Co.		INSURER C: Travelers Ins. Co.		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                                      **CERTIFICATE NUMBER:** 18-19 Master Unit Owner                                      **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>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>SEVERABILITY OF INTEREST</b>			11648780	05/01/2018	05/01/2019	EACH OCCURRENCE      \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ 500,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					MED EXP (Any one person)      \$ 5,000
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						PERSONAL & ADV INJURY      \$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N <input type="checkbox"/> N/A				GENERAL AGGREGATE      \$ 2,000,000
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			PPP7456050	05/01/18	05/01/19	EACH OCCURRENCE      \$ 5,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					AGGREGATE      \$ 5,000,000
<b>A</b>	Crime / Fidelity Bond			11648780	05/01/18	05/01/19	\$2,500 Ded.      \$200,000
<b>C</b>	Directors & Officers Liab.			106916292	05/01/18	05/01/19	\$1,000 Ded.      \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Property Location: 414 W. Beaver Creek Blvd., Avon, CO 81620  
  
 See Page 2 for Property Specific Information

<b>CERTIFICATE HOLDER</b>  Unit Owner Copy	<b>CANCELLATION</b>  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  Steve Harris/PAM
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## COMMENTS/REMARKS

Property Specific Coverage:

Carrier: Philadelphia Ins. Co.

Effective: 5/1/18 - 5/1/19

Policy #11648780

Property Location: 414 W. Beaver Creek Blvd., Avon, CO 81620

Building Limit: GRC \*

Deductible: \$10,000

\*Guaranteed Replacement Cost (GRC)

Special Form / Agreed Amount

44 Units

Includes: Business Income & Extra Expense (Actual Loss Sustained / 24 Hour Waiting Period)

Building Law & Ordinance

Equipment Breakdown

Sewer & Drain Backup