



ADDITIONAL REMARKS SCHEDULE

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Woodbridge Inn Condominium Association	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

WOODBIDGE INN CONDOMINIUM ASSOCIATION
 LOCATION ADDRESS: 400-450 MAIN ST., FRISCO, CO 80443

OF UNITS - 31
 # OF BUILDINGS - 2

CARRIER: Philadelphia Ins. Co.
 EFFECTIVE: 8/23/20 - 8/23/21
 POLICY #PHPK2164174
 BUILDING LIMIT: \$4,162,000 - Guaranteed Replacement Cost Applies
 ASSOCIATION PERSONAL PROPERTY: \$10,000
 LOSS OF ASSOCIATION INCOME: Actual Loss Sustained - 12 Months
 DEDUCTIBLE: \$5,000
 SEVERABILITY OF INTEREST - INCLUDED
 ORDINANCE AND LAW - INCLUDED
 NO COINSURANCE
 SPECIAL FORM
 GUARANTEED REPLACEMENT COST
 EQUIPMENT BREAKDOWN COVERAGE - INCLUDED

CRIME / FIDELITY COVERAGE:
 CARRIER: Philadelphia Ins. Co.
 EFFECTIVE: 8/23/20 - 8/23/21
 POLICY #PHPK2164174
 EMPLOYEE DISHONESTY - \$150,000
 INCLUDING: FORGERY OR ALTERATION \$50,000
 COMPUTER FRAUD \$50,000
 DEDUCTIBLE: \$2,500 EMPLOYEE DISHONESTY / \$500 All Other

DEFINED COVERED EMPLOYEE - ANY BOARD MEMBER, PROPERTY MANAGER AND OTHER THIRD PARTIES THAT MAY HAVE ACCESS TO FUNDS