



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2022

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 Robert Harris Insurance Agency, Inc. Lic. #0216736 3150 Bristol St., Suite 200 Costa Mesa CA 92626		CONTACT NAME: Pam Linares PHONE (A/C, No, Ext): (714) 619-4480 E-MAIL ADDRESS: pam@reharris.com FAX (A/C, No): (714) 619-4481	
INSURED Woodbridge Inn Condominium Association c/o Basic Property Management PO BOX 4844 Dillon CO 80435		INSURER(S) AFFORDING COVERAGE INSURER A: American Southern Home Ins. Co. (CAU Program) INSURER B: Greenwich Insurance Company INSURER C: Travelers Casualty and Surety Co Amer INSURER D: INSURER E: INSURER F:	
		NAIC # 31194	

COVERAGES**CERTIFICATE NUMBER:** 22-23 GL**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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CAUE6004861	10/01/2022	10/01/2023	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired & Non-Owned Auto						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 HNOA Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			PPP7450151	08/23/2022	08/23/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	DIRECTORS & OFFICERS LIABILITY			105981245	08/23/2022	08/23/2023	DEDUCTIBLE \$1,000 \$1,000,000

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

PLEASE REFER TO PAGE 2 FOR PROPERTY AND CRIME / FIDELITY COVERAGE.
CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium.

CERTIFICATE HOLDER**CANCELLATION**

UNIT OWNER COPY

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

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ADDITIONAL REMARKS SCHEDULE

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

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: American Southern Home Ins. Co. (CAU)
 EFFECTIVE: 10/01/22 - 10/01/23
 POLICY #CAUE604861
 BUILDING RATABLE LIMIT: \$6,027,075 - Guaranteed Replacement Cost Applies

DEDUCTIBLE: \$5,000
 LOSS OF INCOME: ACTUAL LOSS SUSTAINED
 SEVERABILITY OF INTEREST - INCLUDED
 ORDINANCE OR LAW - INCLUDED
 NO COINSURANCE
 SPECIAL FORM
 GUARANTEED REPLACEMENT COST
 EQUIPMENT BREAKDOWN COVERAGE - INCLUDED

CRIME / FIDELITY COVERAGE:

CARRIER: American Southern Home Ins. Co. (CAU)
 EFFECTIVE: 10/01/22 - 10/01/23
 POLICY #CAUE604861
 EMPLOYEE DISHONESTY - \$150,000
 INCLUDING: FORGERY OR ALTERATION & COMPUTER FRAUD
 \$2,500 DEDUCTIBLE

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