



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/1/2019

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> Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC PO Box 1576 Glenwood Springs, CO 81602	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(970) 945-9111</b>   FAX (A/C, No): <b>(970) 945-2350</b> E-MAIL ADDRESS:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center; border: none;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;"><b>INSURER A : Allianz Global Corp</b></td> <td style="border: none;"><b>35300</b></td> </tr> <tr> <td style="border: none;"><b>INSURER B : Greenwich Insurance Company</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER C : Travelers Property Casualty Company of America</b></td> <td style="border: none;"><b>25674</b></td> </tr> <tr> <td style="border: none;"><b>INSURER D :</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER E :</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER F :</b></td> <td style="border: none;"></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A : Allianz Global Corp</b>	<b>35300</b>	<b>INSURER B : Greenwich Insurance Company</b>		<b>INSURER C : Travelers Property Casualty Company of America</b>	<b>25674</b>	<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURED</b>  <b>The Plaza Community</b> <b>Full Circle HOA Mgmt, Inc</b> <b>560 Mtn Village Blvd, Ste 102B</b> <b>Mountain Village, CO 81435</b>															

**COVERAGES****CERTIFICATE NUMBER: 1****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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>TBD</b>	<b>4/8/2019</b>	<b>4/8/2020</b>	<table style="width: 100%; border: none;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>5,000</b></td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>2,000,000</b></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	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>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$	<b>2,000,000</b>		\$	
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<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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			<b>TBD</b>	<b>4/8/2019</b>	<b>4/8/2020</b>	<table style="width: 100%; border: none;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td><td style="text-align: right;"><b>1,000,000</b></td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	<b>1,000,000</b>	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$							
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> N / A						<table style="width: 100%; border: none;"> <tr><td></td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td><td></td></tr> </table>		\$		E.L. EACH ACCIDENT	\$		E.L. DISEASE - EA EMPLOYEE	\$		E.L. DISEASE - POLICY LIMIT	\$										
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<b>A</b>	<b>Property</b>			<b>TBD</b>	<b>4/8/2019</b>	<b>4/8/2020</b>	<b>Building</b>	<b>14,621,250</b>																				
<b>C</b>	<b>Crime</b>			<b>105915733</b>	<b>4/8/2019</b>	<b>4/8/2020</b>	<b>Crime</b>	<b>603,000</b>																				

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

\*See Notes for Additional Information\*

**CERTIFICATE HOLDER****CANCELLATION**

Unit Owners 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



## ADDITIONAL REMARKS SCHEDULE

AGENCY Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC		NAMED INSURED The Plaza Community Full Circle HOA Mgmt, Inc 560 Mtn Village Blvd, Ste 102B Mountain Village, CO 81435	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

## Additional Coverage Information

\*Replacement Cost, Wind & Hail Coverage Applies\*  
21 Units / \$2,500 Deductible

## Ordinance or Law:

Coverage A: \$7,310,625 - 50% of Building Limit  
Coverage B: \$1,000,000  
Coverage C: \$1,000,000

Coinsurance: Waived

Inflation Guard: N/A

Waiver of Subrogation: N/A in Colorado

Separation of Insured: CG0001

Equipment Breakdown: Included

## Directors &amp; Officers Liability - Travelers Insurance

Policy #:105915733

Limit: \$1,000,000

Ded.: \$2,500