PALMCON-01

**SAMIB** 



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 1/27/2021

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).

tł	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su								
	DUCER				CONTA NAME:	СТ						
	ıntain West Insurance - Glenwood Centennial St 4th Floor	PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-23						945-2350				
	nwood Springs, CO 81601	E-MAIL ADDRESS:										
						INS	URER(S) AFFOR	RDING COVERAGE			NAIC#	
					INSURE	RA: Allianz	Global Cor	р			35300	
INSL	IRED	INSURER B: Greenwich Insurance Company						22322				
	The Palmyra Condominium	INSURER C:										
	c/o Full Circle HOA Manage 560 Mtn Village Blvd Suite10	INSURER D:										
	Mountain Village, CO 81435	INSURER E :										
	•				INSURER F:							
СО	VERAGES CER	NUMBER: 1	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICII IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WI' ED HEREIN IS S	TH RESPE	CT TO	O WHICH THIS	
INSR TYPE OF INSURANCE			SUBR	JBR VD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY						2/1/2022	EACH OCCURREN	CE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			BINDER		2/1/2021		DAMAGE TO RENT PREMISES (Ea occ	ED	\$	1,000,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV		\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREO		\$	2,000,000	
	X POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG		\$	2,000,000	
	OTHER:								7	\$		
Α	AUTOMOBILE LIABILITY						2/1/2022	COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	ANY AUTO			BINDER		2/1/2021		BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
	AUTOS CINET						(i e. desident)		\$			
В	UMBRELLA LIAB X OCCUR			PPP7441689		2/1/2021	2/1/2022	EACH OCCURREN	CE	\$	5,000,000	
	X EXCESS LIAB CLAIMS-MADE							AGGREGATE	<u>or</u>	\$		
	DED X RETENTION \$ 0	1						Aggregate		\$	5,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ψ		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. EACH ACCIDE		\$		
		N/A						E.L. DISEASE - EA		-		
							E.L. DISEASE - POI		\$			
Α	Property			BINDER		2/1/2021	2/1/2022	<b>Building Limit</b>		<u> </u>	15,150,000	
								_				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC e Notes for Additional Coverages**	LES (	ACORE	 0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)				
CE	RTIFICATE HOLDER				CANO	ELLATION						
Unit Owners Copy						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
	omic ominors copy				AUTHO	RIZED REPRESE	NTATIVE	Y PROVISIONS.				
					Si	amanst	ra Bu	ek				

**SAMIB** 

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED					
Mountain West Insurance - Glenwood		The Palmyra Condominium Association, Inc. c/o Full Circle HOA Management 560 Mtn Village Blvd Suite102B Mountain Village, CO 81435					
POLICY NUMBER							
SEE PAGE 1		modificant vinage, 00 01433					
CARRIER	NAIC CODE						
SEE PAGE 1 SEE P 1		EFFECTIVE DATE: SEE PAGE 1					

## **ADDITIONAL REMARKS**

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

## **Additional Coverage Info**

Replacement Cost Coverage Applies // \$2,500 Deductible // 16 Residential Units

**Ordinance or Law** 

Coverage A: 50% of Building Limit

Coverage B: \$1,000,000 Coverage C: \$1,000,000

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A Inflation Guard: Yes / Form 250000

Equipment Breakdown: Included / Form 250048 Wind/Hail Coverage: Included / Form 250000 Condominium Endorsement: Yes / From 250059

Separation of Insured: Yes / Included in GL form CG0001

**Directors and Officers Liability:** 

Travelers Insurance Policy #:106054055 Policy Limit: \$1,000,000 Deductible: \$2,500

Crime Policy: Travelers Insurance Policy #106054055 Policy Limit: \$295,000 Deductible: \$2,500

Fidelity Bond Includes Property Manager & Non-Compensated Employees