

TAMARAH

**CERTIFICATE OF LIABILITY INSURANCE** 

ACORD'

3/5/2025

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).

| th               | nis certificate does not confer rights to                                   |              |      |                                  | ıch endo  | orsement(s)           |                        | require an endorsemen                         | II. A S   | latement on  |
|------------------|---|--------------|------|----------------------------------|---|-----------------------|------------------------|---|-----------|--------------|
|                  | DUCER   |              |      |                                  | CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350                |                       |                        |   |           |              |
|                  | ıntain West Insurance - Glenwood<br>Centennial St 4th Floor                 |              |      |                                  |   |                       |                        |   |           |              |
| Gle              | nwood Springs, CO 81601   |              |      |                                  | E-MAIL<br>ADDRES  | S:                    |                        |   |           |              |
|                  |   |              |      |                                  |   | INS                   | SURER(S) AFFOI         | RDING COVERAGE                                |           | NAIC #       |
|                  |   |              |      |                                  | INSURER A : Allianz Global Corp   |                       |                        |   |           | 35300        |
| INSU             | IRED  |              |      |                                  | INSURER B : ACE Property & Casualty Insurance Company 20699                                     |                       |                        |   |           | 20699        |
|                  | The Enclave Association, In   | C.           |      |                                  | INSURER C: The PMA Insurance Companies  |                       |                        |   |           |              |
|                  | PO Box 5441   |              |      |                                  | INSURER D : Travelers Property Casualty Company of America 25674                                |                       |                        |   |           | 25674        |
|                  | Snowmass Village, CO 8161   | 5            |      |                                  | INSURER   | ? F :                 | -                      |   |           |              |
|                  |   |              |      |                                  | INSURER   |                       |                        |   |           |              |
| CO               | VERAGES CER   | TIFIC        | LΔTF | E NUMBER: 1                      | REVISION NUMBER:  |                       |                        |   |           |              |
|                  | HIS IS TO CERTIFY THAT THE POLICIE  |              |      |                                  | HAVE BE   | EN ISSUED 1           |                        |   | THE PO    | I ICY PERIOD |
| IN               | IDICATED. NOTWITHSTANDING ANY R   | EQUI         | REMI | ENT, TERM OR CONDITIO            | N OF AN   | NY CONTRAC            | CT OR OTHER            | R DOCUMENT WITH RESP                          | ECT TO    | WHICH THIS   |
|                  | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH            |              |      |                                  |   |                       |                        |   | TO ALL    | THE TERMS,   |
| INSR             |   | ADDL<br>INSD |      |                                  |   | POLICY EFF POLICY EXP |                        |   |           |              |
| LTR<br>A         | TYPE OF INSURANCE  X COMMERCIAL GENERAL LIABILITY                           | INSD         | WVD  | POLICY NUMBER                    |   | (MM/DD/YYYY)          | (MM/DD/YYYY)           |   |           | 1,000,000    |
| ^                | CLAIMS-MADE X OCCUR   |              |      | LICCOSOFFCS 40                   |   | 40/04/0004            | 10/31/2025             | DAMAGE TO RENTED PREMISES (Ea occurrence)     | \$        | 100,000      |
|                  | CLAIMS-IMADE A OCCUR  |              |      | USC028556240                     |   | 10/31/2024            |                        | PREMISES (Ea occurrence)                      | \$        | 10,000       |
|                  |   |              |      |                                  |   |                       |                        | MED EXP (Any one person)                      | \$        | 1,000,000    |
|                  |   |              |      |                                  |   |                       |                        | PERSONAL & ADV INJURY                         | \$        |              |
|                  | GEN'L AGGREGATE LIMIT APPLIES PER:  |              |      |                                  |   |                       |                        | GENERAL AGGREGATE                             | \$        | 2,000,000    |
|                  | X POLICY PRO- LOC   |              |      |                                  |   |                       | PRODUCTS - COMP/OP AGG | \$  | 2,000,000 |              |
|                  | OTHER:  |              |      |                                  |   |                       |                        | OOMBINED ON OUT LIMIT                         | \$        |              |
| Α                | AUTOMOBILE LIABILITY  |              |      |                                  |   |                       |                        | COMBINED SINGLE LIMIT (Ea accident)           | \$        | 1,000,000    |
|                  | ANY AUTO  |              |      | USC028556240                     |   | 10/31/2024            | 10/31/2025             | BODILY INJURY (Per person)                    | \$        |              |
|                  | OWNED SCHEDULED AUTOS ONLY  |              |      |                                  |   |                       |                        | BODILY INJURY (Per accident)                  | \$        |              |
|                  | X HIRED X NON-OWNED AUTOS ONLY  |              |      |                                  |   |                       |                        | PROPERTY DAMAGE (Per accident)                | \$        |              |
|                  |   |              |      |                                  |   |                       |                        |   | \$        |              |
| В                | UMBRELLA LIAB X OCCUR   |              |      |                                  |   |                       |                        | EACH OCCURRENCE                               | \$        | 10,000,000   |
|                  | X EXCESS LIAB CLAIMS-MADE   |              |      | PUMB-24-A-G73934199              |   | 10/31/2024            | 10/31/2025             | AGGREGATE                                     | \$        | 10,000,000   |
|                  | DED X RETENTION\$ 0   |              |      |                                  |   |                       |                        | \$  | \$        |              |
| С                | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                            |              |      |                                  |   | 10/31/2025            | X PER X OTH-           | ·   |           |              |
|                  |   |              |      | 2024010840983Y                   |   |                       | 10/31/2024             | E.L. EACH ACCIDENT                            | s         | 1,000,000    |
|                  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A          |      |                                  |   |                       |                        | E.L. DISEASE - EA EMPLOYER                    | \$        | 1,000,000    |
|                  | If yes, describe under DESCRIPTION OF OPERATIONS below                      |              |      |                                  |   |                       |                        | E.L. DISEASE - POLICY LIMIT                   |           | 1,000,000    |
| Α                | Property  |              |      | USC033657240                     |   | 11/1/2024             | 11/1/2025              | Building                                      | , w       | 33,194,493   |
| D                | Crime   |              |      | 106828046                        |   | 10/31/2024            | 10/31/2025             | Fidelity                                      |           | 750,000      |
|                  |   |              |      |                                  |   |                       |                        | -   |           | ·            |
| DEC              | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC                                  | L            | CORT | 101 Additional Remarks Calculus  | ıla məv t   | ottoobod if == - :-   | o anaoa la rasl-       | rod)  |           |              |
|                  | e Notes for Additional Coverages**  | LES (F       | COKL | 7 101, Additional Remarks Schedu | ne, may be  | attacheu ii ilioi     | e space is requi       | reu)  |           |              |
|                  |   |              |      |                                  |   |                       |                        |   |           |              |
|                  |   |              |      |                                  |   |                       |                        |   |           |              |
|                  |   |              |      |                                  |   |                       |                        |   |           |              |
|                  |   |              |      |                                  |   |                       |                        |   |           |              |
|                  |   |              |      |                                  |   |                       |                        |   |           |              |
|                  |   |              |      |                                  |   |                       |                        |   |           |              |
| CE               | RTIFICATE HOLDER  |              |      |                                  | CANC  | ELLATION              |                        |   |           |              |
|                  |   |              |      |                                  | 61101   | II D ANY 05 3         | THE ABOVE S            | ECODIDED DOLLOISO DE O                        | ANCE      | LED BEFORE   |
|                  |   |              |      |                                  |   |                       |                        | ESCRIBED POLICIES BE C<br>IEREOF. NOTICE WILL |           |              |
| Unit Owners Copy |   |              |      |                                  | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                       |                        |   |           |              |

ACORD 25 (2016/03)

**AUTHORIZED REPRESENTATIVE** 

LOC #: 0

ACORD®

# ADDITIONAL REMARKS SCHEDULE

| Page | 1 | of | 1 |
|------|---|----|---|
|------|---|----|---|

| AGENCY                             |           | NAMED INSURED                             |  |  |  |
|------------------------------------|-----------|---|--|--|--|
| Mountain West Insurance - Glenwood |           | The Enclave Association, Inc. PO Box 5441 |  |  |  |
| POLICY NUMBER                      |           | Snowmass Village, CO 81615                |  |  |  |
| SEE PAGE 1                         |           |   |  |  |  |
| 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 Information**

\*\*Replacement Cost Valuation Applies\*\* 40 Residential Units / \$25,000 Deductible Commercial Package Master Policy Building Limit for All Locations: \$153,546,244 See attached Unit Owner Letter for how property coverage applies

**Special Causes of Loss** 

Ordinance and 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: N/A

Equipment Breakdown: Included Wind/Hail Coverage: Included Condominium Endorsement: Yes Separation of Insured: Yes

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Notice of Cancellation: 10 Days for Non-Payment or Premium Minimum 30 Days All Other Reasons

**Commercial Difference in Conditions - Atlantic Specialty Insurance Company** 

Policy # 3000004210003 Effective 10/31/2024 - 10/31/2025 Flood Limit: \$5,000,000 Earthquake Limit: \$5,000,000

Directors and Officers - Philadelphia Insurance / GIG Insurance

Policy #PCAP0367210322 Effective 10/31/2024 - 10/31/2025

Limit: \$2,000,000 Deductible: \$1,000

### **Excess Policies:**

Layer 1 - Ace Property & Casualty Insurance Co - PUMB-24-A-G73934199- \$10,000,000

Layer 2 - Starr Indemnity & Liability Co - DPHX002023 - \$15,000,000

Layer 3 - StarStone Specialty Insurance Co - D85797231ALI - \$5,000,000

Layer 4 - Allied World Assurance Company - 03137704 - \$10,000,000

Layer 5 - Navigators Insurance Co - NY23EXCZODV19IV - \$15,000,000

Total Excess Limit - \$55,000,000



# Mountain West Insurance & Financial Services, LLC

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601 (800) 390-0559 toll-free (970) 945-9111 office (970) 945-2350 fax www.mtnwst.com

11/8/2024

RE: The Enclave Association, Inc.

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for The Enclave Association, Inc., and we look forward to servicing the Association's insurance needs for this coming year. We believe we bring the best value to our Association clients and that is a combination of comprehensive coverage at very competitive premiums.

The Association's Master Insurance Policy has been written to comply with the insurance requirements outlined in the Association Declarations.

### The Association is to insure the following:

- ⇒ Common Elements (buildings, structures and common areas)
- ⇒ Limited Common Elements (outdoor decks, patios, etc.)
- ⇒ Property included in units which were initially installed in accordance with the association's original plans and specifications

# **AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:**

## Owners are responsible for insurance on the following:

- ⇒ Any building improvements & upgrades installed in the units by previous or current unit owners
  - (Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws?)
- ⇒ Contents Furniture, Furnishings and other Personal Property (Do I have replacement cost coverage or actual cash value?)
- ⇒ Loss of Rental Income / Loss of Use / Loss of Assessments
  (What limits are available? Does the loss assessment coverage apply towards an association deductible?)
- ⇒ Personal Liability
  (Does my policy have rental restrictions? Does my umbrella extend to this policy?)

Please refer to the insurance section of the Association Declarations for further information regarding insurance requirements for both the Association and the individual Unit Owner.

Please send all insurance certificate requests you receive from your lender to assncert@mtnwst.com

If you have any questions or need any further clarification, please give me a call.

Sincerely,

Meghan Wilson

Meghan Wilson

Commercial Lines Agent



#### Mountain West Insurance & Financial Services, LLC

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601 (800) 390-0559 toll-free (970) 945-9111 office (970) 945-2350 fax www.mtnwst.com

### Association Residential Unit Owner's Insurance Coverage Fact Sheet

(Questions to ask your individual insurance agent)

**Interior Building coverage** - The unit owner's policy can cover the portions of the unit interior which the owner is responsible to insure, per the declarations and by-laws.

Q. Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws of the association?

**Personal Property coverage** - The policy covers the personal belongings at the location of the unit, such as furniture, dishes, clothing, etc.

Q. Do I have replacement cost coverage or actual cash value?

Loss of Rental Income/or Loss of Use - In the event of a covered loss and the unit is found not fit to live in, the policy will provide coverage for additional living expenses (primary or secondary home) or loss of rental income (rental property) until the unit is repaired.

Q. What limits are available?

**Loss Assessment coverage** - The policy will pay for your share of a loss assessment charged against unit owners as a result of a loss to the property owned by the association or for a bodily injury or property damage liability claim against the association. Loss Assessment coverage is subject to coverage and exclusions in the unit owner's policy. The policy may also provide some coverage towards the association deductible.

Q. What limits are available? Does loss assessment coverage apply towards an association deductible?

**Personal Liability** - The policy provides liability coverage in the unit. Coverage would apply if the unit owner is found to be legally liable for a claim of bodily injury or property damage. Most unit owner's policies can provide limits up to \$500,000.

Q. Does my Umbrella policy extend to this policy? Does my policy have any rental restrictions?