

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED The Terraces Homeowners Association, Inc.	
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

LOCATION ADDRESS: 333 Adams Ranch, Telluride, CO 80498

Condominium Owners, Seven 2-story Buildings, 26 Units

COMMERCIAL PROPERTY COVERAGE:

Insurance Carrier: Philadelphia Ins. Co.
Policy #PHPK2092632
Effective 2/1/20 - 2/1/21

Blanket Building Limit: \$11,540,000 GUARANTEED REPLACEMENT COST
Loss of Association Income and Extra Expense: \$170,000

Building Law / Ordinance:
Coverage A: Building Limit
Coverage B: \$1,000,000
Coverage C: \$1,000,000

Causes of Loss: Special Form

Deductible: \$10,000 Property All Perils except: \$50,000 Water Damage Deductible

Guaranteed Replacement Cost per form: PI-ULT-094 1106

Business Income and Extra Expense Limit: \$170,000, 72 hours waiting period.

Boiler & Machinery / Equipment Breakdown Coverage

CRIME COVERAGE:

Insurance Carrier: Philadelphia Ins. Co.
Policy #PHPK2092632
Effective 2/1/20 - 2/1/21

Employee Theft - \$150,000
Forgery or Alteration Limit \$150,000
Computer Fraud Limit \$150,000
Subject to a \$2,500 Deductible
Money & Securities (Inside & Outside) - Included
Money Order / Counterfeit - Included

*Defined Covered Employee - Any Board Member, Property Manager and Third Parties that may have access to funds.