



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/07/2020

**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> 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      FAX (A/C, No): (714) 619-4481 E-MAIL ADDRESS: pam@reharris.com																					
<b>INSURED</b> The Terraces Homeowners Association, Inc. ASAP ACCOUNTING & PAYROLL SERVICES P.O. BOX 2710 TELLURIDE CO 81435	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b></td> <td>Philadelphia Insurance Companies</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td>Greenwich Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td>MGA Insurance Company, Inc.</td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td>Travelers Casualty and Surety Co Amer</td> <td>31194</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b>	Philadelphia Insurance Companies		<b>INSURER B:</b>	Greenwich Insurance Company		<b>INSURER C:</b>	MGA Insurance Company, Inc.		<b>INSURER D:</b>	Travelers Casualty and Surety Co Amer	31194	<b>INSURER E:</b>			<b>INSURER F:</b>		
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**COVERAGES      CERTIFICATE NUMBER:** 20-21 PCKG, UMB, WC,      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			PHPK2092632	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> OTHER:						GENERAL AGGREGATE \$ 2,000,000			
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 2,000,000			
	<input type="checkbox"/> ANY AUTO						Hired and Non Owned \$			
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> HIRED AUTOS ONLY		<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per person) \$			
							BODILY INJURY (Per accident) \$			
							PROPERTY DAMAGE (Per accident) \$			
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			PPP74400005	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 5,000,000			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR							AGGREGATE \$ 5,000,000	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE							\$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			2019011059963Y	02/01/2020	02/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>(Mandatory in NH)</b>	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A				E.L. EACH ACCIDENT \$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
	Directors & Officers						E.L. DISEASE - POLICY LIMIT \$ 1,000,000			
D	Directors & Officers			106237890	02/01/2020	02/01/2021	Limit: \$1,000,000 Deductible: \$1,000			

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

<b>CERTIFICATE HOLDER</b>  Insurance Purposes Only	<b>CANCELLATION</b>  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 Named Insureds

Other Named Insureds

c/o ASAP ACCOUNTING & PAYROLL SERVICES

Association, Doing Business As



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

Condominium owners, 2 story buildings, 7, BUILDING A-G TOTAL OF 26 units

Replacement Cost Valuation Applies, subject to a \$10,000 deductible, with a \$30,000 water damage deductible.

Ordinance of Law:  
 Coverage A: Included in the Building Limit  
 Coverage B: \$1,000,000  
 Coverage C: \$1,000,000

Co-Insurance: Waived  
 Guaranteed Replacement Cost per form: PI-ULT-094 1106  
 Business Income and Extra Expense Limit: \$170,000, 72 hours waiting period.

Crime Coverage:  
 Forgery or Alteration Limit \$150,000, subject to a \$2,500 Deductible Computer  
 Fraud Limit \$150,000, subject to a \$2,500 Deductible  
 Employee Dishonesty Limit \$150,000, subject to a \$2,500 Deductible