



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/14/2022

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).

PRODUCER 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 E-MAIL ADDRESS: pam@reharris.com	FAX (A/C, No): (714) 619-4481
	INSURER(S) AFFORDING COVERAGE	
INSURED Metcalf Commercial Park Condominium Association, DBA: c/o Walter PO Box 1988 Edwards CO 81632	INSURER A: Federal Ins Co.	NAIC # 20281
	INSURER B: Greenwich Insurance Company	
	INSURER C: United States Liability Insurance Company	
	INSURER D: PA Manufacturers' Assn. Insurance	
	INSURER E: Travelers Ins. Co.	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22-23 Master **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		35963645WCE	03/11/2022	03/11/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		35963645WCE	03/11/2022	03/11/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PPP7443259	03/11/2022	03/11/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	2022011068857Y	03/11/2022	03/11/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	DIRECTORS & OFFICERS LIABILITY		CAP1558945E	03/11/2022	03/11/2023	LIABILITY LIMIT \$1,000,000 AGGREGATE LIMIT \$1,000,000

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

See Page 2 for Property and Crime / Fidelity Coverage. CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium.

CERTIFICATE HOLDER**CANCELLATION**

UNIT OWNER 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 

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Metcalf Commercial Park Condominium Association, DBA: c/o Walter Realty Group	
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: 281 Metcalf Rd., Avon, CO 81620
 # OF UNITS - 22 COMMERCIAL UNITS
 # OF BUILDINGS - 1

PROPERTY SPECIFIC INFORMATION:

Carrier: Federal Ins. Co. / Chubb Group
 Policy #35963645WCE
 Effective Dates: 3/11/22 - 3/11/23
 Building Limit: \$11,058,745
 Loss of Association Assessment Income: \$130,451
 Building Law Ordinance: \$11,058,745
 Equipment Breakdown - Boiler & Machinery: Included

Deductibles:

\$2,500 - Property
 24 Hour Waiting Period (Loss of Association Assessments)
 \$3,500 Mobile Communication Property

Coinsurance: N/A (Agreed Amount)

Replacement Cost Coverage Applies / Special Form

CRIME / FIDELITY COVERAGE:

Insurance Carrier: Travelers Ins. Co.
 Policy #10575743
 Effective Date: 03/11/22 - 03/11/23

Fidelity Coverage: Employee Theft \$100,000 / \$1,000 Deductible
 Forgery or Alteration: \$100,000 / \$1,000 Deductible
 Computer Crime: \$100,000 / \$1,000 Deductible
 Funds Transfer Fraud: \$100,000 / \$1,000 Deductible
 Claim Expense: \$5,000 / \$0 Deductible

*Defined Covered Employee - Any Board Member, Property Manager, Other management company employees / third parties



**2022 - 2023 Insurance Summary for
Metcalf Commercial Park Association**

Mailing Address: c/o Walter Realty Group, P.O. Box 1988, Edwards, CO 81632

Location Address: 281 Metcalf Rd., Avon, CO 81620

Package Policy:

Insurance Company Name: Chubb Insurance Group
Policy Number: 3596-36-45 WCE
Policy Term: 03/11/22 to 03/11/23
Building Limit: \$11,058,745
Loss of Association Assessment Income: \$130,451
Building Ordinance or Law Coverage: \$11,058,745
Equipment Breakdown – Boiler & Machinery: Included
Mobile Communication Property - \$50,000 Per Occurrence / \$100,000 Aggregate

Deductibles : \$2,500 Property / 24 Hour Waiting Period – Loss of Income /
\$3,500 Mobile Communication Property Deductible

Replacement Cost Coverage Applies / Special Form

General Liability: \$1,000,000 Per Occurrence / \$2,000,000 Aggregate
Medical Payments: \$5,000

Director's and Officer's Liability:

Insurance Company Name: USLI – United States Liability Insurance Company
Policy Number: CAP 1558945E
Policy Term: 03/11/22 to 03/11/23
Policy Liability Limit: \$1,000,000 / \$1,000,000 Aggregate
Policy Deductible: \$1,000

Crime and Fidelity:

Insurance Company Name: Travelers Insurance Company
Policy Number: 105757430
Policy Term: 03/11/22 to 03/11/23
Employee Dishonesty: \$100,000
Forgery/Alteration: \$100,000
Computer Fraud//EFT: \$100,000
Policy Deductible: \$1,000
Claim Expense: \$5,000 / \$0 Deductible



Metcalf Commercial Park Association
Summary of Insurance 2022-2023
Page 2

Excess Liability:

Insurance Company Name: PPP//Greenwich Insurance Company
Policy Number: PPP74463259
Policy Term: 03/11/22 to 03/11/23
Policy Limits: \$5,000,000
Policy Retention: \$0

Workers' Compensation:

Insurance Company Name: PA Manufacturers' Assn. Insurance
Policy Number: 202201-10-68-85-7Y
Policy Term: 03/11/22 to 03/11/23
Policy Limits:
Workers' Compensation – Per Statute in the State of CO
Employers Liability - \$1,000,000 Each Accident
\$1,000,000 Disease – Each Employee
\$1,000,000 Disease – Policy Limit

This is only a summary of the insurance policies written through Robert E. Harris Insurance Agency, Inc. for The Association. Please refer to the actual policies for complete coverage.



April 14, 2022

Dear Unit Owner:

We appreciate the opportunity to work with your Community Manager, Michael Walter, in placing the Association's Master Insurance Policy for Metcalf Commercial Park Condominium Association.

Attached is a certificate of the Association's insurance for your files.

The Executive Board of Directors has elected to obtain a Master Policy that has been written to comply with the Associations Condominium Declarations Insurance Provisions.

The Association is to insure the following:

- Common Elements (Buildings and/or Structures and common areas)
- Limited Common Areas (Outdoor decks/balconies, patios)
- The Units but only up to and including the drywall.

Unit Owners are to insure the following:

- All Property in the Units including improvements and/or upgrades installed by owners
- Contents such as furniture, furnishings and other personal property
- Loss of assessments, Loss of income (if property is a rental unit), Loss of Use
- Personal Liability

Please refer to the Association's Governing Documents (Condominium Declarations) for further information regarding the insurance requirements for the Association and Unit Owners.

We recommend you forward this letter to your Personal Lines agent to make sure you have the correct HO-6 Policy for your condominium unit.

If you have any questions or need additional information, please contact me or Pam Linares.

Sincerely,

Steve DeRaddo

Stephen DeRaddo
CIRMS-Community Insurance & Risk Management Specialist
Director of Community Associations and Management Companies

3150 Bristol Street, Suite 200, Costa Mesa, CA 92626
CA License No. 0216736

Phone: (714) 619-4480
Fax: (714) 619-4481



Robert E Harris Insurance Agency Service Team

When you have changes in insurance, require claim service, and/or have questions, our team of professionals are qualified and prepared to assist you.

Broker: Stephen DeRaddo, CIRMS

Director of Community Associations & Management Companies

Office Phone: (714)824-6836 // Cell Phone: (970)379-6895

Email: sderaddo@reharris.com

Account Manager - Service: Pam Linares

Contact Pam: Concerning Evidence of Insurance/Certificates, Billing Questions, Change Requests, Claim Reporting, etc.

Phone: (714)619-4495

Email: pam@reharris.com

Account Manager - Marketing: Beatzy Banuelos

Phone: (714)619-4492

Email: beatzy@reharris.com

Workers' Compensation Claims: Connie Herrera

Phone: (714)824-6825

Email: connie@reharris.com

Personal Insurance: Terry Schoubye, Department Manager

Contact Terry: for insurance for your home, automobile, boat, recreational vehicles and other personal insurance.

Phone: (714)824-6820

Email: terry@reharris.com