



CERTIFICATE OF LIABILITY INSURANCE

3223859

DATE (MM/DD/YYYY)
10/18/2025

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).


PRODUCER USI Insurance Services, LLC One South Nevada Avenue, Suite 230 Colorado Springs, CO 80903 (719) 228-1070	CONTACT NAME: EOI Direct PHONE (A/C No. Ext): 877-456-3643 E-MAIL ADDRESS: help@eoidirect.com	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B: Pennsylvania Manufacturers Assoc. Ins</td> <td>12262</td> </tr> <tr> <td>INSURER C: Travelers Casualty & Surety Co.</td> <td>25658</td> </tr> <tr> <td>INSURER D: Kinsale Insurance Company</td> <td>38920</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Co.	18058	INSURER B: Pennsylvania Manufacturers Assoc. Ins	12262	INSURER C: Travelers Casualty & Surety Co.	25658	INSURER D: Kinsale Insurance Company	38920	INSURER E:		INSURER F:
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK2614408-002	10/15/2025	10/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2614408-002	10/15/2024	10/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB915571001 0100329623-1	10/15/2025 10/15/2025	10/15/2026 10/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2025011566256Y	6/1/2025	6/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Management Liability			107927166	10/15/2025	10/15/2026	Limit: \$1,000,000 Retention: \$2,500
C	Crime			107927166	10/15/2025	10/15/2026	Limit: \$1,600,000 Retention: \$16,000
E	Cyber Liability			C4NGK007491CYBER2025	10/15/2025	10/15/2026	Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Master Certificate, XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX, CO 00000

CERTIFICATE HOLDER Master Certificate . XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX, CO 00000 Loan Number: N/A	CANCELLATION 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 REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED Tamarron Association of Condominium Owners, Inc. 314 N. Tamarron Drive Durango, CO 81301	
POLICY NUMBER		EFFECTIVE DATE: 10/15/2025	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Fidelity, General Liability, and Directors & Officers Liability policies include Tamarron Association of Condominium Owners Inc Board Members as an Insured:

Tamarron Association of Condominium Owners, Inc
314 N Tamarron Dr
Durango, CO 81301

Crime/Fidelity/Employee Dishonesty policy includes coverage for Board Members and Volunteers

Insurance Company: Lexington Insurance Company
Policy Number: 017198790-01
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$10,000,000 (Primary Layer)

Insurance Company: Insurisk / Palms Specialty Insurance Company, Inc.
Policy Number: PLM-00897-25
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$7,500,000 part of \$30,000,000 Excess of \$10,000,000

Insurance Company: Munich / Bridgeway Insurance Company
Policy Number: 7EA7XP1004145-01
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$7,500,000 part of \$30,000,000 Excess of \$10,000,000

Insurance Company: Rivington / Texas insurance Company
Policy Number: BRPSLPTCO01110008046001
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$5,000,000 part of \$30,000,000 excess of \$10,000,000 Limit

Insurance Company: Golden Bear Insurance Company
Policy Number: FSX03000093-01
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$10,000,000, part of \$30,000,000 Excess of \$10,000,000

Insurance Company: Arch Specialty Insurance Company
Policy Number: ESP1054300-01
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$10,000,000 Excess of \$40,000,000

Insurance Company: Chubb / Underwriters at Lloyd's of London
Policy Number: PP2501871
Effective Date: 10/15/2025 – 10/15/2026
Limits of Insurance: \$44,877,540 Excess of \$50,000,000 Per Occurrence

Insured Values - \$94,245,540 Buildings / \$450,000 Contents / \$182,000 BI/Rents
Total Insurable Value - \$94,877,540

Deductibles: All Other Perils (AOP) - \$100,000 Per Occurrence
Water Damage, Freeze, Wildfire, Sprinkler Leakage - \$250,000 Per Occurrence
Wind/Hail Coverage is included. Wind/Hail Deductible: 10%
of Units: 381

Replacement Cost applies up to the buildings limit
No Coinsurance/Agreed Value
Special causes of loss excluding earthquake and flood
Subject to policy limits and exclusions.
Ordinance and Law is included.

A - Undamaged Portion of Building is included
B & C – Demolition and Increased Cost of Construction combine limit is \$10,000,000
Inflation Guard is not included on policy and is not available in the market. Replacement cost/building values are reassessed/reviewed annually to ensure adequate coverage on the project.
Waiver of Subrogation in favor of unit owners applies.



ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED Tamarron Association of Condominium Owners, Inc. 314 N. Tamarron Drive Durango, CO 81301	
POLICY NUMBER		EFFECTIVE DATE: 10/15/2025	
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Locations must be shown on policy for coverage to apply.
 This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated projects.
 Severability of Liability (Separation of Insureds) is included.
 Cancellation - 10 days prior to cancellation date.

*****PLEASE READ*****

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The governing documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses Covered by Policy (All Addresses are Durango, CO 81301)

*Street Address	*Building Limit	*Number of Units
314 N Tamarron Drive	34,500,000	#101-515
961 N Tamarron Drive	3,499,100	#550-564
961 N Tamarron Drive	2,958,340	#565-577
961 N Tamarron Drive	2,544,080	#578-589
961 N Tamarron Drive	1,908,060	#590-598
961 N Tamarron Drive	3,594,360	#599-614
961 N Tamarron Drive	1,908,060	#615-623
961 N Tamarron Drive	4,230,380	#624-642
961 N Tamarron Drive	1,908,060	#643-651
961 N Tamarron Drive	150,000	Highpoint Laundry
365 S Tamarron Drive	1,183,600	#701-706
365 S Tamarron Drive	2,367,200	#707-718
365 S Tamarron Drive	2,059,640	#719-728
365 S Tamarron Drive	2,935,680	#729-742
365 S Tamarron Drive	\$1,183,600	#743-748
365 S Tamarron Drive	2,367,200	#749-760
365 S Tamarron Drive	1,467,840	#761-767
365 S Tamarron Drive	1,467,840	#768-774
365 S Tamarron Drive	1,775,400	#775-783
365 S Tamarron Drive	1,467,840	#784-790
365 S Tamarron Drive	1,775,400	#791-799
365 S Tamarron Drive	150,000	Gamble Laundry
73 S Tamarron Drive	576,620	#801-802
73 S Tamarron Drive	876,040	#803-806
73 S Tamarron Drive	876,040	#807-810
73 S Tamarron Drive	1,421,200	#811-815
73 S Tamarron Drive	591,800	#816-818
73 S Tamarron Drive	591,800	#819-821
73 S Tamarron Drive	876,040	#822-825
73 S Tamarron Drive	1,728,760	#826-832
73 S Tamarron Drive	1,752,080	#833-840
73 S Tamarron Drive	1,752,080	#841-848
73 S Tamarron Drive	2,036,320	#849-857
73 S Tamarron Drive	2,297,240	#858-866
73 S Tamarron Drive	1,467,840	#867-873

Total Buildings Limit: \$94,877,540

Cancellation – 10 days prior to cancellation date



ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED Tamarron Association of Condominium Owners, Inc.	
POLICY NUMBER		314 N. Tamarron Drive Durango, CO 81301	
CARRIER	NAIC CODE	EFFECTIVE DATE: 10/15/2025	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Equipment Breakdown:
 Insurance Company Name: Liberty Mutual Fire Insurance Company
 Policy Number: YB2-L9L-478860-015
 Policy Term: 10/15/2025 – 10/15/2026
 Limit Per Breakdown: \$94,877,540
 Deductible: \$10,000

T3 (Terrorism) Coverage:
 Insurance Company Name: Underwriters at Lloyd's of London
 Policy Number: 25N49838AATO605
 Policy Term: 10/15/2025 – 10/15/2026
 Total Insured: \$94,877,540
 Deductible: \$0