

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2023

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).												
		the c	ertifi	cate holder in lieu of such								
	DUCER				CONTACT Pam Linares							
	ert Harris Insurance Agency, Inc.				PHONE (714) 619-4480 FAX (714) 619-4481 (A/C, No): (714) 619-4481							
	#0216736			E-MAIL ADDRESS: pam@reharris.com								
315	0 Bristol St., Suite 200				INSURER(S) AFFORDING COVERAGE NAIC #							
Cos	ta Mesa			CA 92626	INSURER A: Philadelphia Insurance Companies							
INSURED						INSURER B : Gallagher Benefit Services						
Tamarron Association of Condominium Owners, Inc					INSURER C: Travelers Property Casualty Co of America					36161		
	314 Tamrron Dr North				INSURE	INSURER D :						
					INSURER E :							
	Durango			CO 81301	INSURER F :							
CO	/ERAGES CER ⁻	TIFIC	ATE	NUMBER: 23-24 GL Mas								
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)	LIMIT				
								EACH OCCURRENCE	_{\$} 1,00	0,000		
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000		
								MED EXP (Any one person)	_{\$} 10,0	00		
А				PHPK2614408		10/15/2023	10/15/2024	PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_{\$} 2,00	0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} 2,00	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$			
	HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
									\$			
								EACH OCCURRENCE	_{\$} 15,0	00,000		
В	EXCESS LIAB CLAIMS-MADE			0313-5686-2494205		10/15/2023	10/15/2024	AGGREGATE	•	00,000		
	DED RETENTION \$								\$			
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ŷ			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$			
								Liability Limit	•	00,000		
С	Directors and Officers			107927166		10/15/2023	10/15/2024	Aggregate Limit	\$1,0	00,000		
								Deductible	\$5,0	00		
DES	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	ace is required)	l				
	se refer to Page 2 for Commercial Property						,					
				,								
0					04110							
CERTIFICATE HOLDER						ELLATION						
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						
					Shushi alle							

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AGENCY CUSTOMER ID: ______

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ADDITIONAL DEMADKS SCHEDULE

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ADDITIONAL		KKS SCHEDULE	Page	Of
AGENCY Robert Harris Insurance Agency, Inc.		NAMED INSURED Tamarron Association of Condominium Owners, Inc		
POLICY NUMBER		_		
CARRIER	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL REMARKS		EFFECTIVE DATE:		
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR				
FORM NUMBER: ²⁵ FORM TITLE: ^{Certificate of Liabilit}		Remarks		
Location Address: 314 N., 961 N., 365 S., 73 S., Tamarron Drive, Durang # of buildings: 35 / # of units: 381				
COMMERCIAL PROPERTY PROGRAM – THE LODGE BUILDING:: Insurance Company: Gotham Ins. Co. Policy #PR2023CCP00871 Effective Date: 10/15/23 – 10/15/24 Limits of Insurance: \$10,000,000 (Primary Layer) – Any One Occurrence				
Insurance Company: Landmark American Ins. Co. Policy #LHD937306 Effective Date: 10/15/23 – 10/15/24 Limits of Isurance: \$5,000,000 Excess of \$10,000,000				
Insurance Company: Mt. Hawley Ins. Co. Policy #MCP0174594 Effective Date: 10/15/23 – 10/15/24 Limits of Insurance: \$5,000,000 Excess of \$15,000,000				
Insurance Company: Bridgeway Ins. Co. / Munich Re Specialty Ins. Policy #7EA7XP1003496-00 Effective Date: 10/15/23 – 10/15/24 Limits of Insurance: \$5,000,000 Excess of \$20,000,000				
Insurance Company: Kinsale Ins.Co. Policy #0100264124-0 Effective Date: 10/15/23 – 10/15/24 Limits of Insurance: \$5,000,000 Excess of \$25,000,000				
Insurable Values - \$30,000,000 Buildings / \$450,000 Contents / \$182,000 Total Insurable Values - \$30,632,000 Perils: All Risk excluding Flood and Earth Movement, Including Equip. Breakdown, as per schedule, not to exceed \$10,000,000 Valuation: Replacement Cost – Property / Bl/Rents – Actual Loss Sustain Causes of Loss: Special Form Excluding EQ and Flood Deductibles: All Other Perils (AOP) - \$100,000 Per Occurrence / Water D Occurrence / Wind /& Hail 5% Building Ordinance or Law: Coverage – Included in Building Limit Discharge from Sewer, Drain, or Sump (not flood related) - \$50,000 Prop Service Interruption: \$100,000 (a qualifying period of 72 hours applies)) ned Namage - \$250,	,000 Per Occurrence / \$100,000 Equipment Breakdown Per		
COMMERCIAL PROPERTY PROGRAM - CONDOMINIUM / TOWNHOM Insurance Company: Great American Risk Solutions Surplus Lines Ins. C Policy #CPPF111344-0 Effective Date: 10/15/23 – 10/15/24 Limits of Insurance: \$54,341,400 – Any One Occurrence Deductible: \$25,000 Property / \$100,000 Water Damage / 2% wind/hail s Special Form Excluding Earthquake & Flood Replacement Cost Wildfire Coverage Included outlined below:	co.	16,000		
Insurance Company: Assicurazioni Generalis S.p.A. (UK Branch) Policy Number: 23YP00458000 Effective Date: 10/31/23 – 10/31/24 Location Schedule: Per Statement of Values Annual Wildfire Aggregate Limit: \$10,000,000 USD				
Crime and Fidelity Coverage: Insurance Company Name: Travelers Casualty & Surety Co. Policy Numl Policy Term: 10/15/2023 – 10/15/2024 Employee Dishonesty: \$1,600,000 Forgery/Alteration: \$1,600,000 Computer & Funds Transfer Fraud: \$1,600,000 Deductible: \$16,000	ber: TBD			

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