

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/23/2023

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)

	is certificate does not confer rights to						may require	an endorsement. A state	ment	on
_	DUCER				CONTACT Pam Linares					
Rob	ert Harris Insurance Agency, Inc.				NAME: PHONE (A/C, No, Ext): (714) 619-4480 (A/C, No, Ext): (714) 619-4481					
	#0216736				(A/C, No, Ext): (A/C, No): (A/C,					
315	0 Bristol St., Suite 200				INSURER(S) AFFORDING COVERAGE NAIC #					NAIC #
	ta Mesa			CA 92626	INSURER A: Community Association Underwriters of America				NAIC#	
INSU					INCORERA:					
	Wren House Condominium Asso	ociatio	n. Inc		INSURER B:					
	C/O Thurston Property Manage		,		INSURER C:					
C/O Triurston Property Management P.O. Box 5940					INSURER D:					
	Avon	CO 81620			INSURER E : INSURER F :					
CO		TIFIC	ΔTF		INSURE	KF:		REVISION NUMBER:		
COVERAGES  CERTIFICATE NUMBER: 23-24 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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY								\$ 2,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	000
							01/14/2024	MED EXP (Any one person)	\$ 5,00	0
Α				CAU505859-6		01/14/2023		PERSONAL & ADV INJURY	\$ 2,000,000	
	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 ONLY AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	7,0,00 0,12,								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	DIRECTORS & OFFICERS LIABILITY							LIABILITY LIMIT	•	00,000
Α	DIRECTORS & OFFICERS LIABILITY			CAU505859-6		01/14/2023	01/14/2024	AGGREGATE LIMIT	\$2,0	00,000
								DEDUCTIBLE: \$0		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium  PLEASE REFER TO PAGE 2 FOR PROPERTY AND CRIME / FIDELITY COVERAGE										
CERTIFICATE HOLDER CANCELLATION										
UNIT OWNER LETTER						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

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AGENCY		NAMED INSURED							
Robert Harris Insurance Agency, Inc.		Wren House Condominium Association, Inc							
POLICY NUMBER									
CARRIER	NAIC CODE								
		EFFECTIVE DATE:							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR	D FORM,								
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance: Notes									
Location Address: 5024 Main Gore Drive, Vail, CO 81657 # of Buildings - 1 # of Untis: 16									
PROPERTY COVERAGE:									
Insurance Carrier: American Alternative Ins. Corp (CAU Program) Policy #CAU505859-6 Effective Date: 01/14/23 - 01/14/24									
Association Property - GUARANTEED REPLACEMENT COST (Ratable Limit: \$4,375,000) Association Business Personal Property - GUARANTEED REPLACEMENT COST Loss of Association Assessment Income - 12 Months / Actual Loss Sustained Building Law & Ordinance - GUARANTEED REPLACEMENT COST B - Demolition Cost - \$300,000 C - Increased Cost of Construction - \$500,000 C - Increased Cost of Construction - \$500,000 Sequipment Breakdown / Boiler & Machinery - GUARANTEED REPLACEMENT COST Sewer & Drain Backup - GUARANTEED REPLACEMENT COST Earthquake Sprinkler Leakage - \$1,000 Loss Limit									
Causes of Loss: Special Form Valuation - Property - GUARANTEED REPLACEMENT COST Loss of Association Assessments - Actual Loss Sustained									
Deductible: \$5,000 Property 24 Hour Waiting Period - Loss of Assoc. Assessments									
Coinsurance: N/A (Agreed Amount)									
CRIME/FIDELITY COVERAGE:									
Insurance Carrier: American Alternative Ins. Corp (CAU Program) Policy #CAU505859-6 Effective Date: 01/14/23 - 01/14/24									
Employee Theft - \$200,000 Including: Forgery or Alteration, Computer Fraud Deductibe: \$0									
Defined Covered Employee: Any Board Member, Property Manager and Third Parties that may have access to funds									