



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/25/2018

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 Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC PO Box 1576 Glenwood Springs, CO 81602	CONTACT NAME: PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 945-2350 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Allianz Global Corp</td> <td style="text-align: center;">35300</td> </tr> <tr> <td>INSURER B : Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Pinnacol Assurance</td> <td style="text-align: center;">41190</td> </tr> <tr> <td>INSURER D : Travelers Property Casualty Co of America</td> <td style="text-align: center;">19046</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allianz Global Corp	35300	INSURER B : Greenwich Insurance Company		INSURER C : Pinnacol Assurance	41190	INSURER D : Travelers Property Casualty Co of America	19046	INSURER E :		INSURER F :	
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INSURED Boomerang Lodge Condominium c/o Jarmik Property Management PO Box 3071 Telluride, CO 81435															

COVERAGES **CERTIFICATE NUMBER: 1** **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"/> COMMERCIAL GENERAL LIABILITY <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> <tr> <td colspan="2">GEN'L AGGREGATE LIMIT APPLIES PER:</td> </tr> <tr> <td><input type="checkbox"/> POLICY</td> <td><input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC</td> </tr> <tr> <td colspan="2">OTHER:</td> </tr> </table>	<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:				MZG80984944	02/04/2018	02/04/2019	EACH OCCURRENCE	\$ 1,000,000
		<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:														
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	<input type="checkbox"/> AUTOMOBILE LIABILITY <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY</td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td><input checked="" type="checkbox"/> HIRED AUTOS ONLY</td> <td><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> </table>	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MZG80984944	02/04/2018	02/04/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
		<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS													
		<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY													
		BODILY INJURY (Per person)	\$													
		BODILY INJURY (Per accident)	\$													
PROPERTY DAMAGE (Per accident)	\$															
PROPERTY DAMAGE (Per accident)	\$															
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7442064	02/04/2018	02/04/2019	EACH OCCURRENCE	\$ 5,000,000								
		AGGREGATE	\$ 5,000,000													
		AGGREGATE	\$													
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			4145732	02/01/2018	02/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER									
		E.L. EACH ACCIDENT	\$ 500,000													
		E.L. DISEASE - EA EMPLOYEE	\$ 500,000													
		E.L. DISEASE - POLICY LIMIT	\$ 500,000													
A	Property			MZG80984944	02/04/2018	02/04/2019	Building	\$ 6,000,000								
D	Fidelity			105891047	02/04/2018	02/04/2019	Crime	\$ 50,000								

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

CERTIFICATE HOLDER Unit Owners Copy	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 <div style="text-align: center;"><i>Samantha Burk</i></div>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC		NAMED INSURED Boomerang Lodge Condominium c/o Jarmik Property Management PO Box 3071 Telluride, CO 81435	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Certificate of Liability Remarks
ADDITIONAL COVERAGE INFO:
 Replacement Cost Coverage Applies
 \$5,000 Deductible
 13 Units
 Ordinance and Law: Coverage A - \$3,000,000 - 50% of Building limit
 Coverage B - \$656,550
 Coverage C - \$656,550
 Coinsurance: Waived per Val-U-Gard II Endorsement
 Agreed Amount Endorsement: Not Applicable
 Inflation Guard: Not Applicable
 Equipment Breakdown: Included
 Wind/Hail Coverage: Included
 Condominium Endorsement: 140675
 Separation of Insured: Included in GL form CG0001

Fidelity Bond
 Travelers Insurance, Policy #105891047
 Policy Term: 02/04/18 to 02/04/19
 Property Manager & non-compensated employees included: Yes

Directors & Officers Liability
 Travelers Insurance
 Policy #106456723
 Term 02/04/18 to 02/04/19
 \$1,000,000 Limit

Neil -Garing

INSURANCE



February 1, 2018

Re: Boomerang Lodge Condominium Association, Inc.

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Boomerang Lodge Condominium Association, Inc. It has been a pleasant experience working with Judi Balkind, your Community Association Manager, and we look forward to servicing the Association's insurance needs for this coming year. We believe we bring the best value to our Association clients and that is a combination of comprehensive coverage at very competitive premiums.

The Association's Master Insurance Policy has been written to comply with the insurance requirements outlined in the Association Declarations.

The Association is to insure the following:

- ⇒ **Common Elements (buildings, structures and common areas)**
- ⇒ **Limited Common Elements (outdoor decks, patios, etc.)**
- ⇒ **Property included in units which were initially installed in accordance with the association's original plans and specification or a replacement of same like kind and quality excluding appliances, carpeting, draperies & wallpaper**

AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:

Owners are responsible for insurance on the following:

(Questions to ask your individual insurance agent)

- ⇒ **Any building improvements & upgrades installed by unit owners**
(Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws?)
- ⇒ **Contents – furniture, furnishings and other personal property including appliances, carpeting, draperies & wallpaper**
(Do I have replacement cost coverage or actual cash value?)
- ⇒ **Loss of rental income / loss of use / loss of assessments**
(What limits are available? Does the loss assessment coverage apply towards an association deductible?)
- ⇒ **Personal liability**
(Does my policy have rental restrictions? Does my umbrella extend to this policy?)

Please refer to the insurance section of the Association Declarations for further information regarding insurance requirements for both the Association and the individual unit owner.

If you have any questions or need any further clarification please call me or Terri Montag, CIC.

Sincerely,

Beverly Beck, CIC
Commercial Lines Agent

Neil -Garing

INSURANCE

Association Residential Unit Owner's Insurance Coverage Fact Sheet

(Questions to ask your individual insurance agent)

Interior Building coverage - The unit owner's policy can cover the portions of the unit interior which the owner is responsible to insure, per the declarations and by-laws.

Q. Do I have adequate limits to replace the interior surfaces as described in the decs & bylaws of the association?

Personal Property coverage - The policy covers the personal belongings at the location of the unit, such as furniture, dishes, clothing, etc.

Q. Do I have replacement cost coverage or actual cash value?

Loss of Rental Income/or Loss of Use - In the event of a covered loss and the unit is found not fit to live in, the policy will provide coverage for additional living expenses (primary or secondary home) or loss of rental income (rental property) until the unit is repaired.

Q. What limits are available?

Loss Assessment coverage - The policy will pay for your share of a loss assessment charged against unit owners as a result of a loss to the property owned by the association or for a bodily injury or property damage liability claim against the association. Loss Assessment coverage is subject to coverage and exclusions in the unit owner's policy. The policy may also provide some coverage towards the association deductible.

Q. What limits are available? Does loss assessment coverage apply towards an association deductible?

Personal Liability - The policy provides liability coverage in the unit. Coverage would apply if the unit owner is found to be legally liable for a claim of bodily injury or property damage. Most unit owner's policies can provide limits up to \$500,000.

Q. Does my Umbrella policy extend to this policy? Does my policy have any rental restrictions?