BOOMLOD-01

SAMIB



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/3/2021

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).

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PRODUCER		CONTACT NAME:				
	st Insurance - Glenwood al St 4th Floor	PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 9		945-2350		
Glenwood Springs, CO 81601		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
		INSURER A: Allianz Global Corp		35300		
INSURED Boomerang Lodge Condominium Association, Inc. c/o Jarmik Property Management PO Box 3071		INSURER B: Greenwich Insurance Company		22322		
		INSURER C: The PMA Insurance Companies				
		INSURER D: Travelers Property Casualty Company of America		25674		
	Telluride, CO 81435	INSURER E :				
		INSURER F:				
COVERAGE	S CERTIFICATE NUMBER: 1	REVISION NUM	MBER:			
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.						
	E MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR S AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE		JDJECT TO ALL	INE IERINO,		
INSR	ADDI SUBR	POLICY FFF POLICY FXP				

TYPE OF INSURANCE LIMITS POLICY NUMBER INSD WVD (MM/DD/YYYY) (MM/DD/YYYY) 1.000.000 X COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 CLAIMS-MADE X OCCUR BINDER 2/4/2022 2/4/2021 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2.000.000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT 2,000,000 X | POLICY PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 Α **AUTOMOBILE LIABILITY** \$ BINDER 2/4/2021 2/4/2022 ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) \$ Χ HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY 5,000,000 В Χ X OCCUR **UMBRELLA LIAB EACH OCCURRENCE** \$ PPP7442064 2/4/2021 2/4/2022 **EXCESS LIAB** CLAIMS-MADE AGGREGATE 0 5,000,000 Aggregate DED | X | RETENTION \$ X PER STATUTE X OTH-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY BINDER 2/1/2021 2/1/2022 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT BINDER 2/4/2021 2/4/2022 6,000,000 Property Building Crime 106456723 2/4/2021 2/4/2022 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 Coverages

CERTIFICATE HOLDER

CANCELLATION

	I	Samantha Buck			
		AUTHORIZED REPRESENTATIVE			
	Unit Owners 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.			

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED Boomerang Lodge Condominium Association, Inc. c/o Jarmik Property Management PO Box 3071 Telluride. CO 81435					
Mountain West Insurance - Glenwood						
POLICY NUMBER						
SEE PAGE 1		Tenuride, 50 01433				
CARRIER	NAIC CODE					
SEE PAGE 1 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

Additional Coverage Info:

Replacement Cost Coverage Applies \$5,000 Deductible 13 Units

Ordinance and Law:

Coverage A - 50% of Building limit

Coverage B - \$656,550 Coverage C - \$656,550

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A Inflation Guard: Yes / Form 250000

Equipment Breakdown: Included / Form 250048 Wind/Hail Coverage: Included / Form 250000 Condominium Endorsement: Yes / From 250059

Separation of Insured: Yes / Included in GL form CG0001

Property Manager & non-compensated employees included: Yes

Directors & Officers Liability Travelers Insurance Policy #106456723 Term 02/04/21-22 Limit - \$1,000,000