



# CERTIFICATE OF LIABILITY INSURANCE

3107021

DATE (MM/DD/YYYY)  
12/27/2024

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).

<b>PRODUCER</b> USI Insurance Services, LLC One South Nevada Avenue, Suite 230 Colorado Springs, CO 80903 (719) 228-1070	<b>CONTACT NAME:</b> EOI Direct <b>PHONE (A/C No. Ext):</b> 877-456-3643 <b>E-MAIL ADDRESS:</b> help@eoidirect.com	<b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td><b>INSURER B:</b> Pennsylvania Manufacturers Assoc. Ins</td> <td>12262</td> </tr> <tr> <td><b>INSURER C:</b> Travelers Casualty &amp; Surety Co.</td> <td>25658</td> </tr> <tr> <td><b>INSURER D:</b> Kinsale Insurance Company</td> <td>38920</td> </tr> <tr> <td><b>INSURER E:</b> Pinnacol Assurance</td> <td>41190</td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co.	18058	<b>INSURER B:</b> Pennsylvania Manufacturers Assoc. Ins	12262	<b>INSURER C:</b> Travelers Casualty & Surety Co.	25658	<b>INSURER D:</b> Kinsale Insurance Company	38920	<b>INSURER E:</b> Pinnacol Assurance	41190	<b>INSURER F:</b>
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<b>INSURED</b> Tamarron Association of Condominium Owners Inc c/o Tamarron Association of Condo Board 314 N S Tamarron Dr Durango , CO 81301															

**COVERAGES****CERTIFICATE NUMBER:****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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			PHPK2614408-001	10/15/2024	10/15/2025	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"/> <b>AUTOMOBILE LIABILITY</b> <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			PHPK2614408-001	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"/> <b>UMBRELLA LIAB</b>			PHUB915571000	10/15/2024	10/15/2025	EACH OCCURRENCE \$ 5,000,000
D	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			0100329623-0	10/15/2024	10/15/2025	AGGREGATE \$ 5,000,000 \$
E	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4058599	10/15/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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	10/15/2024	10/15/2025	Limit: \$1,000,000 Retention: \$2,500
C	Crime			107927166	10/15/2024	10/15/2025	Limit: \$1,600,000 Retention: \$16,000
B	Volunteer			2024011566256Y	06/01/2024	06/01/2025	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 80921-4274

**CERTIFICATE HOLDER**
 Master Certificate  
 1st Mortgagee  
 XXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXX, CO 80921-4274  
 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.	
POLICY NUMBER		314 N Tamarron Dr Durango, CO 81301	
CARRIER	NAIC CODE	EFFECTIVE DATE: 10/15/2024	

**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

COVERAGE: Primary Property  
INSURER: Lexington  
POLICY NUMBER: 017198790-00  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$5,000,000 excess \$10,000,000

COVERAGE: Excess Property  
INSURER: Insurisk  
POLICY NUMBER: PLM-00897-24  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$5,000,000 excess \$5,000,000

COVERAGE: Excess Property  
INSURER: Munich  
POLICY NUMBER: 7EA7XP1004145-00  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$5,000,000 excess \$20,000,000

COVERAGE: Excess Property  
INSURER: Rivington  
POLICY NUMBER: GLSE181649  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$5,000,000 part of \$30,000,000 Per Occurrence in Excess of \$10,000,000

COVERAGE: Excess Property  
INSURER: Golden Bear  
POLICY NUMBER: FSX03000093-00  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$10,000 p/o \$30,000,000 xs \$10,000,000

COVERAGE: Excess Property  
INSURER: RiskSmith  
POLICY NUMBER: 24-XSP-0922  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$7,500,000 p/o \$30,000,000 xs \$10,000,000

COVERAGE: Excess Property  
INSURER: RSUI  
POLICY NUMBER: LHD946843  
POLICY DATES: 10/15/2024 to 10/15/2025  
Buildings Limit: \$5,000,000 p/o \$10,000,000 xs \$40,000,000 Per Occurrence



**ADDITIONAL REMARKS SCHEDULE**

AGENCY USI Insurance Services		NAMED INSURED Tamarron Association of Condominium Owners, Inc.	
POLICY NUMBER		314 N Tamarron Dr Durango, CO 81301	
CARRIER	NAIC CODE	EFFECTIVE DATE: 10/15/2024	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** \_\_\_\_\_

COVERAGE: Excess Property  
 INSURER: Arch  
 POLICY NUMBER: ESP1054300-00  
 POLICY DATES: 10/15/2024 to 10/15/2025  
 Buildings Limit: \$5,000,000 p/o \$10,000,000 xs \$40,000,000 Per Occurrence

COVERAGE: Excess Property  
 INSURER: Chubb  
 POLICY NUMBER: PP2401871  
 POLICY DATES: 10/15/2024 to 10/15/2025  
 Buildings Limit: \$44,877,540 xs \$50,000,000 Per Occurrence

Insured Values - \$75,000,000 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 - \$250,000 Per Occurrence / \$250,000 Freeze Per Occurrence/\$250,000 Wildfire Per Occurrence / Wind /& Hail 10%  
 # of Units: 381  
 Written on a Replacement Cost Policy  
 No Coinsurance/Agreed Value  
 Special causes of loss excluding earthquake and flood  
 Subject to policy limits and exclusions.

COVERAGE: Equipment Breakdown  
 INSURER: Liberty Mutual Fire Insurance Company  
 POLICY NUMBER: YB2-L9L-478860-014  
 POLICY DATES: 10/15/2024 to 10/15/2025  
 Limit Per Breakdown: \$94,877,540  
 Deductible: \$10,000  
 Ordinance and Law is included.

A - Undamaged Portion of Building is included in Building Limit (sub-limit)  
 B and C are Included  
 Inflation Guard is not included on policy. Replacement cost/building values are reassessed/reviewed annually to ensure adequate coverage on the project.  
 Waiver of Subrogation in favor of unit owners applies.  
 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.

COVERAGE: Standalone Terrorism Coverage  
 INSURER: Underwriters at Lloyd's of London  
 POLICY NUMBER: 24N9838AATO769  
 POLICY DATES: 10/15/2024 to 10/15/2025

**\*\*\*\*\*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)



## ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED Tamarron Association of Condominium Owners, Inc. 314 N Tamarron Dr Durango, CO 81301	
POLICY NUMBER		EFFECTIVE DATE: 10/15/2024	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** \_\_\_\_\_

*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
314 N Tamarron Drive	34,500,000	#101-515
961 N Tamarron Drive	3,499,1000	#550-564
Total Buildings Limit: \$94,877,540		

Cancellation – 10 days prior to cancellation date