



Mountain West Insurance & Financial Services, LLC

Two Rivers Park Plaza, 201 Centennial, 4th Floor
Glenwood Springs, CO 81601
PO Box 1576 Glenwood Springs, CO 81602
(800) 255-6390 Toll Free
(970) 945-9111 Office
www.mtnwst.com

July 1, 2020

RE: Vantage Point-Vail Condominium Association

Dear Unit Owner:

We appreciate opportunity to place the Master Association Insurance Policy for Vantage Point-Vail Condominium Association. It has been a pleasant experience working with David and Dawn Moe, 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

AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:

Owners are responsible for insurance on the following:

- ⇒ Any building improvements & upgrades installed by previous or current 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
(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 Taylor Westley, CISR, CIC or myself.

Sincerely,

Meghan Wilson, CIC
Commercial Lines Agent
D1



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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 interior unit for 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?



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Insurance Ready Reference for **Vantage Point-Vail Condominium Association**

Please retain this form in your insurance file along with your policy.

Thank you for choosing our agency for your Community Association Master Insurance Policy. To provide the best possible service to the unit owners, we ask that you review and observe the following procedures regarding coverage, claim reporting and certificates of insurance.

Retain this form for future reference with the actual policy to answer any questions that may arise. Coverage questions should be referred to your service team. It is preferred that the property manager or a board member makes contact.

Please provide a copy of the enclosed Unit Owners letter, the Association Insurance Summary, a certificate of insurance, and a copy of the association declarations and bylaws to each unit owner.

Your Service Team

Producer: Meghan Wilson, CIC
Commercial Account Executive: Taylor Westley, CISR, CIC
Commercial Account Manager: Dawndrea Morse
Phone: 970-945-9111
Toll Free: 800-255-6390
Fax: 970-945-2350

Claim Reporting

Report all claims promptly at 970-824-8185 to the attention of Dawndrea Morse

Certificates

All requests for certificates of insurance for lending purposes must be emailed or faxed to our office and must include the full name, physical address and complete mortgagee clause for each owner. Blank certificates may not be issued under any circumstance.

Coverage

Please reference the following pages for a summary of all insurance policies written through Mountain West Insurance & Financial Services, LLC.

The attached Unit Owner letter summarizes the coverage as applicable to the Association relative to our agreed interpretation of its Declarations and Bylaws.

This notice is furnished to you in accordance with Colorado Revised Statute 38-33.3-209.4 (2) (f)



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Insurance Summary for **Vantage Point-Vail Condominium Association**

Package Policy

Carrier: Allianz Global Corporate
Policy #: TBD
Policy Term: 07/01/20 – 07/01/21
Building/Structures: \$34,068,720
Personal Property: \$20,000
Loss Assessment Income: \$50,000
Building Ordinance/Law A Undamaged Buildings: Included
Building Ordinance/Law B Demolition Costs: \$2,000,000
Building Ordinance/Law C Increased Construction Costs: \$2,000,000
Property Deductible: \$5,000
Equipment Breakdown: Included
Back-up Sewers and Drains: Included
General Liability: \$1,000,000 per Occurrence / \$2,000,000 per Aggregate
Medical Payments: \$5,000 per Person
Hired & Non-Owned Auto Liability: \$1,000,000
Annual Premium: \$30,563.00

Umbrella Policy

Carrier: Greenwich Insurance Company
Policy #: PPP7448556
Policy Term: 07/01/20 – 07/01/21
Limit: \$15,000,000 per Occurrence / Aggregate
Self Insured Retention: \$0
Annual Premium: \$2,043.00

Directors and Officers Liability

Carrier: Travelers
Policy #: 106123277
Policy Term: 07/01/20 – 07/01/21
Limit: \$1,000,000 per Occurrence / Aggregate
Deductible: \$1,000
Additional Defense Limit: \$1,000,000 / \$1,000 Deductible
Annual Premium: \$2,805.00



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Workers Compensation Policy

Carrier: Pinnacol Assurance
Policy #: 1142612
Policy Term: 11/01/19 – 11/01/20
Each Accident Limit: \$500,000
Disease Policy Limit: \$500,000
Disease Each Employee Limit: \$500,000
Deductible: \$0
Annual Premium: \$3,548.00

Fidelity

Carrier: Travelers
Policy #: 106123277
Policy Term: 07/01/20 – 07/01/21
Employee Dishonesty Limit: \$750,000
Forgery or Alteration Limit: \$750,000
Computer Fraud Limit: \$750,000
Funds Transfer Fraud Limit: \$750,000
Deductible: \$7,500
Social Engineering Fraud: \$100,000 Limit / \$5,000 Deductible
Annual Premium: Included in Directors and Officers

Disclaimer

This is only a summary of the insurance policies written through Mountain West Insurance & Financial Services, LLC for Vantage Point-Vail Condominium Association. Please consult the actual policies for complete coverage, limits, endorsements, and exclusions.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2020

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 Mountain West Insurance - Glenwood 201 Centennial St 4th Floor Glenwood Springs, CO 81602	CONTACT NAME: Dawndrea Morse PHONE (A/C, No, Ext): 128225 FAX (A/C, No):
	E-MAIL ADDRESS: dawndream@mtnwst.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : Allianz Global Corp	NAIC # 35300
INSURER B : Greenwich Insurance Company	22322
INSURER C : Pinnacol Assurance	41190
INSURER D : Travelers Property Casualty Company of America	25674
INSURER E :	
INSURER F :	

INSURED
Vantage Point-Vail Condominium Association
508 East Lionshead Circle
Vail, CO 81657

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TBD	7/1/2020	7/1/2021	EACH OCCURRENCE	\$ 1,000,000
							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 <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TBD	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (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			PPP7448556	7/1/2020	7/1/2021	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> Y N/A			1142612	11/1/2019	11/1/2020	<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 Section			TBD	7/1/2020	7/1/2021	Building	34,068,720
D	Fidelity Section			106123277	7/1/2020	7/1/2021	Fidelity	750,000

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

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.

AUTHORIZED REPRESENTATIVE



ADDITIONAL REMARKS SCHEDULE

AGENCY Mountain West Insurance - Glenwood		NAMED INSURED Vantage Point-Vail Condominium Association 508 East Lionshead Circle Vail, CO 81657	
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

Additional Coverage

****Replacement Cost Valuation Applies** 65 Units / \$5,000 Deductible**

Ordinance and Law:

Coverage A - Included

Coverage B - \$2,000,000

Coverage C - \$2,000,000

Coinsurance: Waived per Val-U-Gard II Endorsement

Agreed Amount Endorsement: N/A - Val-U-Gard II Endorsement

Inflation Guard: N/A - Val-U-Gard II Endorsement

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Condominium Endorsement: 140675

Separation of Insured: Included in GL form CG0001

Fidelity Bond: Property Manager & non-compensated employees included: Yes

Directors and Officers - Travelers - Policy # 106123277 - Effective: 07/01/2020-21 - Limit: \$1,000,000

Additional Defense Limit: \$1,000,000 / \$1,000 Deductible