

201 Centennial St. 4<sup>th</sup> Floor, Glenwood Springs, CO 81601 (800) 390-0559 toll-free (970) 945-9111 office (970) 945-2350 fax www.mtnwst.com

6/22/2023

#### **Insurance Ready Reference for**

## Vantage Point-Vail Condominium Association, Inc.

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

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: Ileana Jenkins Commercial Account Manager: Samantha Burk

Claims Advocate: Liz Cooper

Phone: 970-945-9111 Toll Free: 800-255-6390 Fax: 970-945-2350

#### **Claim Reporting**

Report all claims promptly to claims@mtnwst.com or by phone 970-945-9111

#### Certificates

All requests for certificates of insurance for lending purposes must be emailed to <a href="mailto:assncert@mtnwst.com">assncert@mtnwst.com</a> or faxed to our office. The request 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, Inc.

### **Package Policy**

Carrier: Allianz Global Corp Policy #: USC016823230

Policy Term: 7/1/2023 to 7/1/2024 Building/Structures: \$40,558,000 Personal Property: \$20,000

Loss Assessment Income: \$50,000

Undamaged Buildings (Building Ordinance Law A): Included Demolition Costs (Building Ordinance Law B): \$2,000,000

Increased Construction Costs (Building Ordinance Law C): \$2,000,000

Property Deductible: \$25,000 Equipment Breakdown: Included Sewer Drain Backup: Included

General Liability: \$1,000,000 each occurrence / \$2,000,000 general aggregate

Medical Payments: \$5,000

Hired & Non-Owned Auto Liability: \$1,000,000

#### Directors and Officers Liability and Fidelity/Crime

Carrier: Travelers Insurance

Policy #: 106123277

Policy Term: 7/1/2023 to 7/1/2024

Limit: \$1,000,000

Additional Defense Limit: \$1,000,000

Deductible: \$1,000

Employee Dishonesty Limit: \$525,000 Forgery or Alteration Limit: \$525,000 Computer Fraud Limit: \$525,000 Funds Transfer Fraud Limit: \$525,000

Deductible: \$5,250

Social Engineering Limit: \$100,000 Social Engineering Deductible: \$5,000

#### **Workers Compensation Policy**

Carrier: Pinnacol Assurance

Policy #: 1142612

Policy Term: 7/1/2023 to 7/1/2024 Each Accident Limit: \$500,000 Disease Policy Limit: \$500,000

Disease Each Employee Limit: \$500,000



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**Excess Policy** 

Carrier: Greenwich Insurance Co

Policy #: PPP7448556

Policy Term: 7/1/2023 to 7/1/2024

Limit: \$25,000,000

Self-Insured Retention: \$0

#### **Disclaimer**

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



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6/22/2023

RE: Vantage Point-Vail Condominium Association, Inc.

Dear Unit Owner:

We appreciate the opportunity to place the Master Association Insurance Policy for Vantage Point-Vail Condominium Association, Inc., 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 specifications

#### **AN IMPORTANT INSURANCE REMINDER FOR ALL UNIT OWNERS:**

#### Owners are responsible for insurance on the following:

- ⇒ Any building improvements & upgrades installed in the units 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.

Please send all insurance certificate requests you receive from your lender to <a href="mailto:assncert@mtnwst.com">assncert@mtnwst.com</a>

If you have any questions or need any further clarification, please give me a call.

Sincerely,

Meghan Wilson

Meghan Wilson, CIC Commercial Lines Agent



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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 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?

**VANTPOI-01** 

**SAMIB** 



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 6/22/2023

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.

|   | SUBROGATION IS WAIVED, subjects to subject t |            |                |                  |   |                            | require an endorsement. A | statement on |  |
|---|--|------------|----------------|------------------|---|----------------------------|---------------------------|--------------|--|
| PRODUCER  Mountain West Insurance - Glenwood 201 Centennial St 4th Floor  |  |            |                |                  | CONTACT<br>NAME:  |                            |                           |              |  |
|   |  |            |                |                  | PHONE (A/C, No, Ext): (970) 945-9111 FAX (A/C, No): (970) 9 |                            |                           |              |  |
|   | wood Springs, CO 81601   |            |                | E-MAIL<br>ADDRES | SS:   |                            |                           |              |  |
|   |  |            |                |                  | INSURER(S) AFFORDING COVERAGE                               |                            |                           |              |  |
|   |  |            |                | INSURE           | 35300   |                            |                           |              |  |
| INSU  | RED  |            |                | INSURE           | 22322   |                            |                           |              |  |
|   | Vantage Point-Vail Condom  | ninium Ass | ociation, Inc. | INSURE           | 41190   |                            |                           |              |  |
| 508 East Lionshead Circle<br>Vail, CO 81657   |  |            |                |                  | INSURER D : Travelers Property Casualty Company of America  |                            |                           |              |  |
|   |  |            |                |                  | RE:   |                            |                           |              |  |
|   |  |            |                | INSURER F:       |   |                            |                           |              |  |
| CO  | YERAGES CEF  | RTIFICATE  | 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<br>LTR   | TYPE OF INSURANCE  | ADDL SUBR  | POLICY NUMBER  |                  | POLICY EFF<br>(MM/DD/YYYY)                                  | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                    |              |  |
| A   | X COMMERCIAL GENERAL LIABILITY   |            |                |                  |   |                            | EACH OCCURRENCE \$        | 1,000,000    |  |
| 1 1   |  | 1          |                | 1                |   | I                          |                           |              |  |

| INSR | TYPE OF INSURANCE                                      | INSD   | SUBR | POLICY NUMBER | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMIT                                     | s  |            |
|------|--|--------|------|---------------|--------------|--------------|---|----|------------|
| Α    | X COMMERCIAL GENERAL LIABILITY                         |        |      |               | 1            | ······       | EACH OCCURRENCE                           | \$ | 1,000,000  |
|      | CLAIMS-MADE X OCCUR                                    |        |      | USC016823230  | 7/1/2023     | 7/1/2024     | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,000  |
|      |  |        |      |               |              |              | MED EXP (Any one person)                  | \$ | 5,000      |
|      |  |        |      |               |              |              | PERSONAL & ADV INJURY                     | \$ | 1,000,000  |
|      | GEN'L AGGREGATE LIMIT APPLIES PER:                     |        |      |               |              |              | GENERAL AGGREGATE                         | \$ | 2,000,000  |
|      | POLICY PRO-<br>JECT X LOC                              |        |      |               |              |              | PRODUCTS - COMP/OP AGG                    | \$ | 2,000,000  |
|      | OTHER:   |        |      |               |              |              |   | \$ |            |
| Α    | AUTOMOBILE LIABILITY                                   |        |      |               |              |              | COMBINED SINGLE LIMIT (Ea accident)       | \$ | 1,000,000  |
|      | ANY AUTO   |        |      | USC016823230  | 7/1/2023     | 7/1/2024     | BODILY INJURY (Per person)                | \$ |            |
|      | OWNED SCHEDULED AUTOS                                  |        |      |               |              |              | BODILY INJURY (Per accident)              | \$ |            |
|      | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY              |        |      |               |              |              | PROPERTY DAMAGE (Per accident)            | \$ |            |
|      |  |        |      |               |              |              |   | \$ |            |
| В    | UMBRELLA LIAB X OCCUR                                  |        |      |               |              |              | EACH OCCURRENCE                           | \$ | 25,000,000 |
|      | X EXCESS LIAB CLAIMS-MADE                              |        |      | PPP7487681    | 7/1/2023     | 7/1/2024     | AGGREGATE                                 | \$ | 25,000,000 |
|      | DED X RETENTION \$                                     |        |      |               |              |              |   | \$ |            |
| С    | ORKERS COMPENSATION                                    |        |      |               |              | X PER X OTH- | Ť   |    |            |
|      | ANY PROPRIETOR/PARTNER/EXECUTIVE                       | N/A    | ^    | 1142612       | 7/1/2023     | 7/1/2024     | E.L. EACH ACCIDENT                        | \$ | 500,000    |
|      | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)             | IN / A |      |               |              |              | E.L. DISEASE - EA EMPLOYEE                | \$ | 500,000    |
|      | If yes, describe under DESCRIPTION OF OPERATIONS below |        |      |               |              |              | E.L. DISEASE - POLICY LIMIT               | \$ | 500,000    |
| Α    | Property   |        |      | USC016823230  | 7/1/2023     | 7/1/2024     | Building                                  |    | 40,558,000 |
| D    | Crime  |        |      | 106123277     | 7/1/2023     | 7/1/2024     | Fidelity                                  |    | 525,000    |
|      |  |        |      |               |              |              |   |    |            |
|      | I .  |        |      |               |              |              | l .                                       |    |            |

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  |  |  |  |  |
|                    | Samantha Buck  |  |  |  |  |

LOC #: 1



# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY                             |           | NAMED INSURED Vantage Point-Vail Condominium Association, Inc. 508 East Lionshead Circle |  |  |  |
|------------------------------------|-----------|--|--|--|--|
| Mountain West Insurance - Glenwood |           |  |  |  |  |
| POLICY NUMBER                      |           | Vail, CO 81657   |  |  |  |
| SEE PAGE 1                         |           |  |  |  |  |
| CARRIER                            | NAIC CODE |  |  |  |  |
| SEE PAGE 1                         | SEE P 1   | EFFECTIVE DATE: SEE DAGE 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 Valuation Applies\*\* // 64 units // \$25,000 deductible See attached Unit Owner Letter for how property coverage applies

Special Causes of Loss Ordinance and Law: Coverage A – Included Coverage B - \$2,000,000 Coverage C - \$2,000,000

Coinsurance: Not applicable to Property Agreed Amount Endorsement: N/A

Inflation Guard: 5%

Equipment Breakdown: Included Wind/Hail Coverage: Included Condominium Endorsement: Yes Separation of Insured: Yes

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

Notice of Cancellation: 10 Days for Non-Payment or Premium Minimum 30 Days All Other Reasons

**Directors & Officers** 

Carrier: Travelers Insurance

Policy #: 106123277 Effective: 07/01/2023 - 07/01/2024

Limit: \$1,000,000