



June 26, 2018

**Insurance Ready Reference for
Sawmill Creek 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
Commercial Account Executive: Taylor Westley
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 970-945-9111 to the attention of Dawndrea Morse

Certificates

All requests for certificates of insurance for lending purposes must be emailed or faxed to our office at assncert@neil-garing.com or 970-945-2350 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 Neil-Garing Insurance.

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)



June 26, 2018

**Insurance Summary for
Sawmill Creek Condominium Association**

Package Policy

Carrier: Allianz Global Corporate
Policy #: TBD
Policy Term: 06/29/18 - 06/29/19
Building/Structures: \$21,911,250
Personal Property: \$16,000
Building Ordinance/Law A Undamaged Buildings: 50% of Building Limit
Building Ordinance/Law B Demolition Costs: \$ 1,000,000
Building Ordinance/Law C Increased Construction Costs: \$ 1,000,000
Property Deductible: \$5,000
Equipment Breakdown: Included
Back-up Sewers and Drains: Included
General Liability: \$1,000,000 per Occurrence / \$2,000,000 Aggregate
Medical Payments: \$5,000 per Person
Hired & Non-Owned Auto Liability: \$1,000,000
Annual Premium: \$44,986.00

Umbrella Policy

Carrier: Greenwich Insurance Company
Policy #: PPP7448433
Policy Term: 06/29/18 - 06/29/19
Limit: \$5,000,000 per Occurrence / Aggregate
Self Insured Retention: \$0
Annual Premium: \$831.00

Directors and Officers Liability

Carrier: Travelers
Policy #: 105956793
Policy Term: 06/29/18 - 06/29/19
Limit: \$1,000,000 per Occurrence / Aggregate
Deductible: \$ 2,500
Annual Premium: \$1,178.00



Workers Compensation Policy

Carrier: Pinnacle Assurance
Policy #: 4165829
Policy Term: 07/01/18 - 07/01/19
Each Accident Limit: \$500,000
Disease Policy Limit: \$500,000
Disease Each Employee Limit: \$500,000
Deductible: \$0
Annual Premium: \$396.00

Fidelity

Carrier: Travelers
Policy #: 105962730
Policy Term: 06/29/18 - 06/29/19
Employee Dishonesty Limit: \$200,000
Forgery or Alteration Limit: \$200,000
Computer Fraud Limit: \$200,000
Funds Transfer Fraud Limit: \$200,000
Deductible: \$ 2,000
Annual Premium: \$900.00

Disclaimer

This is only a summary of the insurance policy(ies) written through Neil-Garing Insurance for Sawmill Creek Condominium Association. Please consult the actual policy(ies) for complete coverage, limits, endorsements and exclusions.

**ADDITIONAL REMARKS SCHEDULE**

AGENCY Neil-Garing Insurance an affiliate of Mountain West Insurance & Financial Services, LLC		NAMED INSURED Sawmill Creek Condominium Association c/o Great Western Lodging PO Box 3355 Breckenridge, CO 80424	
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** 53 Units / \$5,000 Deductible**

Ordinance and Law:

Coverage A - 50% of Building Limit

Coverage B - \$1,000,000

Coverage C - \$1,000,000

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 # 105956793 - Limit: \$1,000,000