



BOOME-3

OP ID: S4

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2016

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 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> Neil-Garing Agency, Inc. PO Box 1576 Glenwood Springs, CO 81602 Beverly Beck, CIC	<b>CONTACT NAME:</b> Caitlin Schard		
	<b>PHONE (A/C, No, Ext):</b> 970-945-9111	<b>FAX (A/C, No):</b> 970-945-2350	
	<b>E-MAIL ADDRESS:</b> cschard@neil-garing.com		
<b>INSURED</b> <b>Boomerang Lodge Condominium Association</b> <b>c/o Jarmik Property Management</b> <b>PO Box 3071</b> <b>Telluride, CO 81435</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Fireman's Fund Insurance Co		29181
	<b>INSURER B:</b> Pinnacol Assurance		
	<b>INSURER C:</b> Greenwich Insurance Co.		
	<b>INSURER D:</b> Travelers		25682
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

## 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			MZG80968304	02/04/2016	02/04/2017	EACH OCCURRENCE \$ 1,000,000
D	<input checked="" type="checkbox"/> D&O Liability			106456723	02/04/2016	02/04/2017	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
							D&O Limit \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
A	<b>AUTOMOBILE LIABILITY</b>			MZG80968304	02/04/2016	02/04/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		PPP7442064	02/04/2016	02/04/2017	EACH OCCURRENCE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE \$ 5,000,000
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			4145732	02/01/2016	02/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Property</b>			MZG80968304	02/04/2016	02/04/2017	<b>Building</b> 6,000,000
C	<b>Fidelity</b>			105891047	02/04/2016	02/04/2019	<b>Crime</b> 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*Unit Owner Copy (See Notes for Additional Covg)\*

## CERTIFICATE HOLDER

## CANCELLATION

<b>Unit Owners Copy</b>	<b>UNITO-1</b>
	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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# NOTEPAD

INSURED'S NAME **Boomerang Lodge Condominium**

**BOOME-3**

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Date **02/04/2016**

## ADDITIONAL COVERAGE INFO:

**\*\*Replacement Cost Coverage Applies\*\*** \$2,500 Deductible / 13 Units

Ordinance or Law Coverage A: \$3,000,000

Ordinance or Law Coverage B: \$656,550

Ordinance or Law Coverage C: \$656,550

Coinurance: Waived

Inflation Guard: N/A

Waiver of Subrogation: N/A In Colorado

Separation of Insured: CG0001

Equipment Breakdown: Included