

BLACROC-01

CMCCRILLIS

DATE (MM/DD/YYYY) 2/26/2019

CERTIFICATE OF LIABILITY INSURANCE

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 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 SentryWest Insurance 3860 South 2300 East		CONTACT NAME: PHONE (A/C, No, Ext): (801) 225-5000 FAX (A/C, No):(801)	1) 277-3511			
	2300 East ity, UT 84109	E-MAIL ADDRESS: eoi@sentrywest.com				
		INSURER(S) AFFORDING COVERAGE	Ext): (801) 225-5000 FAX (A/C, No): (801) 277-3511			
		INSURER A: Travelers Indemnity Company	25658			
INSURED	URED Black Rock Ridge Condo Homeowners Association, Inc	INSURER B: Greenwich Insurance Company	22322			
		INSURER C: Travelers Insurance	0435			
	Po Box 982874	INSURER D :				
	Park City, UT 84098	INSURER E :				
		INSURER F:				

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,

	XCLUSIONS AND CONDITIONS OF SUCH I						
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X COMMERCIAL GENERAL LIABILITY			\(\text{\tin\text{\tin\tin\tin\tin\tin\tin\tin\tin\tin\tin	\	EACH OCCURRENCE	\$ 2,000,000
	CLAIMS-MADE X OCCUR		6800J961434	2/15/2019	2/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 4,000,000
	OTHER:						\$
Α	A AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	ANY AUTO		6800J961434	2/15/2019	2/15/2020	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	X UMBRELLA LIAB X OCCUR		PPP7458974	2/15/2019	2/15/2020	EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	DED X RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDIDED?					PER OTH- STATUTE ER	
						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
Α	Blanket Buildings		6800J961434	2/15/2019	2/15/2020	\$10,000 Ded	27,932,320
С	Fid.Bond/Empl Dis.		0105572668LB	2/18/2017	2/18/2020	\$2,000 Ded	200,000
					1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) D&O Liability issued w/ Travelers, Policy #106364705 eff. 02/15/2019-2020 - Limit: \$1,000,000 - Deductible: \$2,500 Unit Count: 127 - Residential Association - 100% Replacement Cost - Special Form/All-In/Walls-In

Wind/Hail Coverage Included Equipment Breakdown Included Ordinance and Law Coverage AB&C Combined \$25,000 Crime coverage extends to Property Managers SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION			
*** For Information Only Certificate	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			

ACORD

LOC #: 0



ADDITIONA	L REMA	ARKS SCHEDULE	Page	1	of	1
AGENCY SentryWest Insurance POLICY NUMBER SEE PAGE 1	NAMED INSURED Black Rock Ridge Condo Homeowners Association, Po Box 982874 Park City, UT 84098	Inc				
CARRIER NAIG						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				
ADDITIONAL REMARKS	•					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,					
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liabil	lity Insurance					
Description of Operations/Locations/Vehicles: Severability of Interests Policy is not peopled with any unaffiliated projects						

As per Form MP T5 46 08 13 coverage includes "Any fixture, improvement, or betterment installed at any time to a unit or to a limited common area associated with a unit, whether installed in the original construction or in any remodel or later alteration, including a floor covering, cabinet, light fixture, electrical fixture, heating or plumbing fixture, paint, wall covering, window, and any other item permanently part of or affixed to a unit or to a limited common element associated with a unit."

30 Days Notice of Cancellation EXCEPT 10 Days for Non-Payment of Premium