

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2024

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.											
lf	IPORTANT: If the certificate holder is a SUBROGATION IS WAIVED, subject to	the t	erms	and conditions of the po	licy, ce	rtain policies					
this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER CONTACT Pam Linares											
PRODUCER					NAME: Fair Endres PHONE (714) 619-4480 FAX (714) 619-4481						
Robert Harris Insurance Agency, Inc.					(A/C, No, Ext): (714) 010 4400 (A/C, No): (714) 010 4401						
Lic. #0216736						ADDRESS: pam@reharris.com					
3150 Bristol St., Suite 200					INSURER(S) AFFORDING COVERAGE					NAIC #	
Costa Mesa CA 92626					INSURER A : Philadelphia Insurance Companies						
INSURED					INSURER B : Allied World S/L Ins. Co.					24319	
Snow Lion at Vail Condominiums Association, Inc.					INSURER C: Philadelphia Indemnity Insurance Company						
Mountain Life Property Management					INSURER D :						
P.O. Box 6832					INSURER E :						
	Avon	INSURER F :									
COVERAGES CERTIFICATE NUMBER: CL2431926762								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	INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	6		
								EACH OCCURRENCE	_{\$} 1,00	0,000	
	CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	_{\$} 5,00	0	
А				PHPK2662729		01/01/2024	01/01/2025	PERSONAL & ADV INJURY	_{\$} 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	_{\$} 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
									\$		
								COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							,	\$		
	AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									E 000 000		
в				PRP-253288000-00-252723	22	01/01/2024	01/01/2025	EACH OCCURRENCE	φ ·		
Р	EXCESS LIAB CLAIMS-MADE			PRP-253200000-00-252723	00	01/01/2024	01/01/2025	AGGREGATE	\$ 5,00	0,000	
	DED RETENTION \$							PER OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
	DIRECTORS & OFFICERS LIABILITY							LIABILITY LIMIT	\$1,0	00,000	
С				PCAP032032-0322		01/01/2024	01/01/2025	AGGREGATE	\$1,0	00,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION PROVISION: 30 Day Notice/ Except 10-Day Notice for Non-Payment of Premium PLEASE REFER TO PAGE 2 FOR PROPERTY AND CRIME / FIDELITY COVERAGE											
CEF	RTIFICATE HOLDER		CANC	CANCELLATION							
UNIT OWNER 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						
Shushi all											

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