

A Custom Insurance Program

PREPARED FOR:

**Alquezar Homeowners Association
c/o Rocky Mountain Accounting
PO Box 1077
Edwards, CO 81632**



**201 Centennial Dr., Fourth Floor
Glenwood Springs, CO 81601
Phone 970-945-9111 or Toll Free 800-255-6390
Fax 970-945-2350**



We are pleased to present this proposal, which is valid until 12/20/24

CAI GOLD SPONSOR OF THE ROCKY MOUNTAIN CHAPTER

This is not a contract of insurance. No coverage is provided by this summary, nor does it replace any provisions of any policy ultimately delivered. The policy alone determines the scope of insurance protection. Please read your policy carefully and review its Declarations for complete information on coverage. If you would like to discuss this account or obtain sample forms and endorsements, please contact your agent.



Your Mountain West team is available to assist you when you need to make a change to your policy, require claim service, and/or have any questions. The primary duties are listed below for everyone; however, all these members are available at any time for any issue.

Jesse Jenkins, Account Executive

Email: jessej@mtnwst.com

- Serves as your primary contact for insurance solutions
- In-house review and analysis of coverage
- Manages the insurance placement process to provide coverage options and competitive pricing

Dawndrea Morse, Account Manager

Email: dawndream@mtnwst.com

- Serves as additional contact for insurance questions and assistance
- Primary contact for billing and general accounting questions, and policy changes
- Receives and reviews certificate of insurance and evidence of insurance requests to be certain adequate coverage and limits are in effect. Coordinate's issuance of certificates and evidence forms within 24 hours of receipt

Claims – claims@mtnwst.com

- Serves as an additional contact for filing of new claims
- Monitors claim status to conclusion
- Works with all parties to expedite claim resolution

Employee Benefits Department

- Provides expertise and creative solutions for employer groups with 20 or more benefits-eligible employees
- Scope of service includes group medical, dental, vision, life, and disability benefit plans
- Help clients with employee paid supplemental plans such as accident and critical illness

Personal Insurance

- Provides a wide range of personal insurance products that include homeowner's, automobile, recreational vehicles, and personal umbrellas
- Offers a complimentary review of your current personal insurance program

In the event the individuals listed are unavailable, we have a full staff at your service. Please contact our office and ask our friendly receptionists to direct you to the appropriate team member. We also offer a full range of products for your employee benefits needs, as well as your personal insurance.

We look forward to a successful partnership providing you with your insurance needs!

PROPERTY COVERAGE // American Alternative Insurance (CAU)				
Alcazar Drive, Edwards, CO 81632			Blanket Limits	
Coverage	Limit	Co-Ins.	Valuation	Deductible
Building / Incidental only – no residential	\$35,000	Waived	Guaranteed Replacement Cost	\$2,500

Standard Property insurance does not include Flood, Earthquake or Earth Movement coverage.

✚ Additions/Upgrades/Improvements: If any additions, upgrades, or improvements are made to the Association’s portion of the building(s), which would increase the value of the building(s) by more than \$25,000, the updated value must be reported to the carrier, or Guaranteed Replacement Cost coverage would be void.

✚ A \$2,500 Ice Damming Deductible Applies

✚ Charcoal Grills or other combustible burning grills on balconies are ineligible. If gas grilling is permitted on combustible balconies, there must be adequate distance between balconies and overhangs of 10 feet or more.

ALL FORMS & ENDORSEMENTS WILL BE LISTED ON THE POLICIES

Carefully review All Information and Request Additional Details if Needed

GENERAL LIABILITY	
Coverage	Proposed Limit American Alternative Insurance Corp
General Aggregate	No General Aggregate
Per Occurrence	\$1,000,000
Products/Completed Operations Aggregate	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Fire Legal Liability	\$1,000,000
Medical Payments	\$5,000
Hired and Non-Owned Auto	\$1,000,000

No Deductible – Occurrence Form

Today's litigious society requires careful business planning. Accident victims look for someone else to pay for bodily injury and property damage. Even if a suit is eventually dismissed or proved groundless, the high cost of defense can bankrupt even the most secure business.

ALL FORMS & ENDORSEMENTS WILL BE LISTED ON THE POLICIES**Disclosure:**

Carriers require all Insured to collect certificates of insurance from all contractors for both General Liability and Workers Compensation. The insurance requirements in the contract or agreement include commercial general liability limits of \$1 million per occurrence, \$2 million aggregate, \$2 million products/completed operations, commercial auto liability limits of \$1 million combined single limit (CSL), Worker's Compensation in the amount not less than the Statutory Limits with an Employer's Liability coverage of at least \$500,000. The commercial general liability policy of the contractor shall name the Association as additional insured. The contractor's commercial general liability and worker's compensation policy shall provide a waiver of subrogation in favor of the Association, 30-day notice of cancellation other than Non-Payment of premium on GL, Commercial Auto, and Workers' compensation.

DIRECTORS & OFFICERS LIABILITY	
Coverage	Proposed Limit American Alternative Insurance Corp
General Aggregate Limit	\$1,000,000
Per Loss Limit	\$1,000,000
Self-Insured Retention (Deductible)	None
Additional Defense Outside Limit of Liability	None
Property Manager Coverage	Included
Retroactive Date	None

This pays on behalf of the insured director or officer for loss arising from claims during the policy period by reason of wrongful acts made while acting in their individual or collective capacities as directors or officers.

THIS COVERAGE IS WRITTEN ON A "CLAIMS-MADE BASIS"

Coverage is provided for claims that are made against your policy, during the policy period, and which occurred after the retroactive date. If an injury or damage occurs during the policy period, but the claim or lawsuit is not filed until after the policy expired, you would have no coverage, unless your renewal policy provides a retroactive date which included the prior policy term(s).

FIDELITY/CRIME	
Coverage	Proposed Limit /Deductible American Alternative Insurance Corp
Employee Dishonesty	\$150,000 / \$0
Forgery or Alteration	Included / \$0
Computer Fraud & Funds Transfer Fraud	Included / \$0
Property Manager Employee Dishonesty Coverage	Included

There are many different types of bonds, commonly known as contract, surety or fiduciary. They are primarily written to guaranty or assure the performance of a contract in construction, according to plans and specifications. Miscellaneous bonds are written to guaranty performance in accordance with laws, regulations, and ordinances. Crime coverage is also categorized as a type of bond.

PREMIUM SUMMARY FOR Alquezar Homeowners Association

Coverage	Expiring Annual Premium	Proposed Annual Premium	Accept or Decline (note below)
Package Policy	\$1,292	\$1,454	1454.00

See Coverage Outline for Limits and Deductibles for all other coverages.

Higher Limits Available Upon Request

Please note Accept or Decline as appropriate, sign and return to bind coverage.
The following documents are required to bind coverage:



Signed Proposal Acceptance

- Signed Renewal Application
- **Email the current budget**
- Quotes available for Umbrella or Workers' Compensation

Named Insured:
Alquezar Homeowners Association

SIGNATURE:  **DATE:** 11/29/2024

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DISCLOSURE FORM - CLAIMS-MADE POLICY IMPORTANT NOTICE TO POLICYHOLDER

THIS DISCLOSURE FORM IS NOT YOUR POLICY. IT DESCRIBES SOME OF THE MAJOR FEATURES OF OUR CLAIMS-MADE POLICY FORM. READ YOUR POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED. ONLY THE PROVISIONS OF YOUR POLICY DETERMINE THE SCOPE OF YOUR INSURANCE PROTECTION.

DEFINITIONS

1. "Claims-made coverage" means an insurance policy that provides coverage only if a claim is made during the policy period or any applicable extended reporting period. A claim made during the policy period could be charged against a claims-made policy even if the injury or loss occurred many years prior to the policy period. If a claims-made policy has a retroactive date, an occurrence prior to that date is not covered.
2. "Extended reporting period" means a period allowing for making claims after expiration of a claims-made policy. This is also known as a "tail".
3. "Occurrence coverage" means an insurance policy that provides liability coverage only for injury or damage that occurs during the policy term, regardless of when claim is actually made. A claim made in the current policy year could be charged against a prior policy year, or may not be covered, if it arises from an occurrence prior to the effective date.
4. "Retroactive date" means the date on a claims-made policy which denotes the commencement date of coverage under the policy.

YOUR POLICY

Your policy is a claims-made policy. It provides coverage only for injury or damage, occurring after the policy retroactive date (if any) shown on your policy and the incident is reported to your insurer prior to the end of the policy period. Upon termination of your claims-made policy an extended reporting period option may be available at the company's discretion.

There is no difference in the kinds of injury and damage covered by occurrence or claims-made policies. Claims for damages may be assigned to different policy periods, however, depending on which type of policy you have.

If you make a claim under your claims-made policy, the claim must be a demand for damages by an injured party. Your policy contains specific reporting requirements. Under most circumstances, a claim is considered made when it is received and recorded by you or by us. Sometimes a claim may be deemed made at an earlier time. This can happen when another claim for the same injury or damage has already been made, or when the claim is received and recorded during an extended reporting period.

PRINCIPAL BENEFITS

This policy provides coverage for D&O Liability up to the maximum dollar limit specified in the policy.

The principal benefits and coverages are explained in detail in your claims-made policy. Please read it carefully and consult your insurance producer about any questions you might have.

EXCEPTIONS, REDUCTION AND LIMITATIONS

Your claims-made policy contains certain exceptions, reductions and limitations. Please read them carefully and consult your insurance producer about any questions you might have.

RENEWALS AND EXTENDED REPORTING PERIODS

Your claims-made policy has some unique features relating to renewal, extended reporting periods and coverage for events with long periods of exposure. If there is a retroactive date in your policy, no event or occurrence prior to that date will be covered under the policy even if reported during the policy period. It is therefore important for you to be certain that there are no gaps in your insurance coverage. These gaps can occur in several ways. Among the most common are:

1. If you switch from an occurrence policy to a claims-made policy, the retroactive date in your claims-made policy should be no later than the expiration date of the occurrence policy.
2. When replacing a claims-made policy with a claims-made policy, you should consider the following:
 - a. The retroactive date in the replacement policy should extend far enough back in time to cover any events with long periods of liability exposure, or
 - b. If the retroactive date in the replacement policy does not extend far enough back in time to cover events with long periods of liability exposure, you should consider purchasing extended reporting period coverage under the old claims-made policy.
3. If you replace this claims-made policy with an occurrence policy, you may not have insurance coverage for a claim arising during the period of claims-made coverage unless you have purchased an extended reporting period under the claims-made policy

Extended reporting period coverage may be offered to you for at least one year after the expiration of the claims-made policy at a premium not to exceed 200% of your last policy premium.

CAREFULLY REVIEW YOUR POLICY REGARDING THE AVAILABLE EXTENDED REPORTING PERIOD COVERAGE, INCLUDING THE LENGTH OF COVERAGE, THE PRICE AND THE TIME PERIOD DURING WHICH YOU MUST PURCHASE OR ACCEPT ANY OFFER FOR EXTENDED REPORTING PERIOD COVERAGE.

PROOF OF DELIVERY

Policy Type: Directors & Officers Liability
Insuring Company: CAU
Policy Effective Date: 01/01/25



201 Centennial Dr., Fourth Floor
Glenwood Springs, CO 81601
Phone: 970-945-9111
Toll Free: 800-255-6390
Fax: 970-945-2350

www.mtnwst.com

Thank you for the opportunity to be of service to you.

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WORKERS COMPENSATION But, We Don't Have Any Employees!

In addition to your association master policy, we have included a Workers Compensation and Employers Liability quotation. This insurance would cover Colorado mandated medical and income benefits for employees who become injured or sick as a consequence of their employment. The estimated annual premium for this one year policy is \$300 to \$500. This is the minimum premium and is based on your having no employees as of the policy commencement date. Unless you have employees during the policy period, it will be your final, total premium.

Even though you have no employees, currently, and do not anticipate hiring any, you still need this important coverage. Here are the two principal reasons for that and the answers to frequently asked questions.

Reason #1: Employees of Independent Contractors

- **Isn't the contractor responsible for its own employees?** Normally, independent contractors with employees are required, by State law, to maintain Workers Compensation insurance. However, when a contractor fails to maintain the required insurance, a sick or injured employee may -- and often does -- recover direct from the association...even though he or she is not an association employee.
- **Doesn't a certificate of insurance protect us?** Obtaining a certificate of insurance from each contractor, indicating the existence of Workers Compensation insurance, is a sound measure. However, all it means is that the required coverage is in force on a particular date. It provides no guarantee that coverage will remain in force.
- **If coverage lapses, doesn't the contractor's insurer notify us?** Most certificates of insurance impose a "best efforts" or "reasonable efforts" standard on the insurer regarding the notification of certificate holders. This does not guarantee timely notification.
- **Isn't a hold-harmless agreement from the contractor effective?** Obtaining a properly drafted, enforceable hold-harmless agreement from each contractor can be an effective measure and one we recommend. Under this type of agreement, the contractor guarantees to insulate your association from liability for the injuries and illnesses of its employees. However, an agreement is only as good as the contractor's solvency. If the contractor is not financially up to its legal obligations, its agreements are worthless.
- **Can a contractor drop its insurance and rely on ours?** Anyone who is legally required to maintain Workers Compensation insurance, and fails to do so, is subject to the fines and other penalties prescribed by the District of Columbia Workers Compensation statute. These penalties are intended to be far more burdensome than simple compliance. A prudent and financially sound contractor is unlikely to risk noncompliance. However, financial distress and simple oversight are frequent causes of noncompliance. Even many contractors who are insured attempt to treat some of their employees as independent contractors. This common practice, intended to save on Workers Compensation insurance costs, is virtually impossible for you to detect.

Reason #2: Part-time, Casual, Seasonal and Unanticipated Employees

- **Are all employees covered by Workers Compensation?** The *State of Colorado* Workers Compensation statute determines the scope and application of its benefits. This is usually based on some combination of number of employees, number of hours an employee works each week and types or categories of employment. Each State's statute is unique and only an examination of your statute can provide this information.
- **Is it possible to have an employee and not know it?** A person performing services for you may or may not be an employee for Workers Compensation purposes. What appears to be an independent contractor relationship -- and which may indeed be one for all other purposes -- could be an employment relationship where Workers Compensation is concerned. Aside from any other considerations, courts and Workers Compensation commissions lean toward an employment relationship whenever the person in question is otherwise uninsured.
- **Who can tell us when we need Workers Compensation?** Your insurance or legal advisor can help you with your Workers Compensation requirements. The chief source of information is District of Columbia's Workers Compensation statute. In addition to a plain reading of the statute, there is undoubtedly case law, which has provided interpretations of the statute when necessary.

The only certainty of full compliance with Workers Compensation requirements and the protection of your community's financial resources is this inexpensive coverage. Without it, some degree of unnecessary risk persists. With it, you avoid a potentially severe loss, a possible assessment needed to pay it and the punitive aspects of noncompliance.

Loss Control Survey Notification

Loss control surveys may be conducted upon binding of new business and every three years on renewal, as suggested by Carrier.

Mountain West will document all loss control recommendations generated by the inspection and track **Critical** and **Important** recommendations for completion. Failure to complete **Critical** recommendations may result in mid-term cancellation and/or non-renewal.

Important or Critical recommendations.

The inspection vendor will have the primary focus to validate and enhance loss control measures related to proper property maintenance as it applies to life safety of occupants, slip, and fall exposures as well as other loss leaders as identified by Carrier.

Loss Control Inspection Report General Requirements

The loss control report may include (**subject to but not limited to**)

Description of all operations, exposures, and controls

- Breakdown on the occupancy (owner, rented, employee occupied) of the individual units.
- Building system updates for Plumbing, Heating, Electrical and Roof if different from year of construction
- Special attention will be paid to:
 - Snow removal practices
 - Swimming pool safety and access controls
 - Grill safety
- Detailed information on life safety, fire protection and site security.
- Interior and exterior photographs to provide a representation of the exposure.
- Loss control recommendations that require immediate action by the policyholder to reduce exposure to imminent loss or impact insurability will be included in the report to Underwriting.
- **Advisory** (no follow-up required) – these are viewed as low impact on loss control and can be considered onerous by policyholders. The inspection vendor should not include Advisory level recommendations in their report.
- **Important** (60 days) – These recommendations have a direct impact on the performance of the program and failure to resolve may lead to injury or loss. Policy should be cancelled if failure to resolve within 60 days of providing recommendation to insured.
- **Critical** (30 days) – These recommendations are viewed as having the potential for eminent and critical bodily injury or loss.

GENERAL APPLICATION

Residential Condominium Associations
Cooperative Apartments
Homeowners Associations
Office Condominium Associations

COMMUNITY ASSOCIATION INSURANCE PROGRAM



Community Association Underwriters of America, Inc.
Makefield Crossing - South Campus
800 Township Line Road, Suite 325
Yardley, PA 19067

Community Association Underwriters of America, Inc. does business as "CAU Insurance Services" in California, "Community Association Underwriters Agency" in New York, as "CAU" in Nevada, and as "Community Association Underwriters Insurance, Inc." in Utah.

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I. General Information

Community Association Type:

- ☐ Residential Condominium
☐ Cooperative Apartment
☐ Homeowners Association (with residential building coverage)
☒ Homeowners Association (with **NO** residential building coverage)
☐ Homeowners Association – Master (comprised of members of affiliated community associations)
☐ Office Condominium

Required Attachments:

Complete declarations and bylaws (**not just insurance sections**)
 Current financial statement including auditor's management letter
 Current photographs of representative residential buildings and nonresidential buildings
 Site plan
 Currently valued insurance company loss runs

Additional attachments may be required. A description of the necessary attachment will follow the  symbol.

A. **Association Name** (Legal name based on articles of incorporation or filings on record with the State):
Alquezar Homeowners Association

B. **Association Mailing Address** (C/O, Street, City, State, Zip Code):
C/O Rocky Mountain Accounting
P.O Box 1077
Edwards, CO 81632

C. **Association Billing Address** (C/O, Street, City, State, Zip Code or check ☒ if same as B.):
C/O Rocky Mountain Accounting
PO Box 72
Snowmass, CO 81654-0072

D. **Proposed Effective Date** (mm/dd/yy): 01 / 01 / 2025

Is account being quoted midterm?

☐ yes ☒ no

Does your agency currently write this account?

☒ yes ☐ no

Is this account being brokered?

☐ yes ☒ no

E. **Agency Name:** Mountain West Insurance & Financial Services, LLC **Producer Name:** Jesse Jenkins

F. **Independent Community Management Firm Name:** Rocky Mountain Accounting
Site Manager Name:
Site Manager Email:
Site Manager Phone:
Site Manager Fax:

G. **Independent Community Management Firm Address:**
 (Street, City, State, Zip Code or check if same as: ☐ B. or ☐ C.):
 P.O Box 72
 Snowmass, CO 81654
Phone:
Fax:
Email:

H. **Inspection Contact Name:** Kim Clinco **Position:** MANAGER **Phone:** (970) 376-3093
Mailing Address: **Fax:** (866) 322-1144
Email:

I. **Board Member Contact Name:** John DiToro **Position:** Board President **Phone:** (802) 355-3135
Mailing Address: **Fax:**
Email:

II. Property Location

City or Municipality: Edward

County: Eagle

State: CO

Zip Code: 81632

Fire Protection:

Name of the responding fire department:

Eagle River Fire
Protection

Is the responding fire department located within 5 miles?

☐ yes ☐ no

Fire hydrants are located within how many feet from the building?

0 feet

MORTGAGE HOLDERS AND INSURANCE TRUSTEES

Provide the following for each:

Type:	<input type="checkbox"/> Mortgage Holder <input type="checkbox"/> Insurance Trustee
Name:	
Address:	
City, State, Zip Code:	
Loan Number:	

III. Residential Ownership and Occupancy Information

Indicate total number of units:

Built	# <u>22</u>
Sold	# <u>22</u>
Planned	# <u>22</u>
Owner occupied	# <u>20</u>
Owner occupied for periods less than 6 months	# <u>0</u>
Rented on annual basis	# <u>2</u>
Rented for periods less than 6 months	# <u>0</u>
Timeshare or Fractional Ownership	# <u>0</u>

EXCLUDED EXPOSURES

Endorsement form CAU 3318 Exclusion – Specified Activities is required for secondary residence associations, timeshare and fractional ownership associations. The following exposures are excluded by this endorsement:

1. Armed security or guard dog services;
2. Hunting or archery;
3. Indoor or outdoor pistol, trap, or skeet shooting ranges;
4. Day care, medical, first aid or nursing facilities;
5. All terrain vehicles, ski areas, skiing activities, snowmobiling, parasailing, water skiing, or water ski jets;
6. Saddle animals, horseback riding clubs or any other equestrian activities or facilities; and
7. Beauty, salon, and spa facilities, products, and services including but not limited to therapeutic, massage, wellness, aesthetic, tanning, facials, body treatments, aromatherapy and personal beautification services.

IV. Rating Information – Property and Crime Coverages

ALL COVERAGES, LIMITS AND DEDUCTIBLES ARE SUBJECT TO UNDERWRITING APPROVAL.

A. OTHER BUILDINGS AND STRUCTURES:

Coverage for other buildings and structures is provided on a replacement cost or guaranteed replacement cost basis.

Year Association was established: 1989

1. **Structures:** Cabanas, recreation courts and fixtures, pool houses, gates, gate houses, storage sheds, shelters, mailboxes, gazebos, pump houses, fences, walkways, roadways, other paved surfaces, outdoor fixtures, outdoor "swimming pools", flagpoles, light poles, fountains, outside statues, detached signs, temporary seasonal structures, and freestanding walls, other than retaining walls.

\$ 20,300 Total 100% Insurable Replacement Cost

2. **Other Buildings and Other Structures Not described in Section D1 :** Coverage applies **only** if other buildings or other structures are listed in the policy declarations addresses and description of buildings.

Is there any building or structure type not shown in D.1?

☐ yes ☒ no

B. COMMUNITY PERSONAL PROPERTY AND PROPERTY CONTAINED IN UNITS:

- 1. Community Personal Property:** Do not include the value of any property covered under section IV.I.
OTHER PROPERTY COVERAGES.

100% replacement cost Limit \$ 5,075

- 2. Scheduled Community Personal Property Limit**  Attach schedule \$ 0

C. DEDUCTIBLES: The minimum basic deductible is \$1,000. Higher optional deductibles are available for:

Basic: ☒ \$2,500 ☐ \$5,000 ☐ \$ ☐ Apply deductible per unit

Water Damage: ☒ \$2,500 ☐ \$5,000 ☐ \$ ☐ Apply deductible per unit

☐ Do not include coverage for Water Damage

☐ Do not include coverage for Ice Damming

Sprinkler Leakage: ☒ \$2,500 ☐ \$5,000 ☐ \$ ☐ Apply deductible per unit

☐ Do not include coverage for Sprinkler Leakage

Sewer Backup: ☒ \$2,500 ☐ \$5,000 ☐ \$ ☐ Apply deductible per unit

☐ Do not include coverage for Sewer Backup

Wind or Hail:

Percentage Deductible OR Occurrence Deductible

(Both deductible options apply per building/community personal property/structure based on replacement cost)

☐ 1% ☐ 2% ☐ Other % ☐ \$5,000 ☐ \$10,000 ☐ \$15,000 ☐ \$20,000 ☐ \$25,000 ☐ \$50,000 ☐ \$ Other

☐ Do not include coverage for Wind and Hail

D. CONSEQUENTIAL COVERAGES: Coverage is provided for MAINTENANCE FEES AND ASSESSMENTS, COMMUNITY INCOME and ACCOUNTS RECEIVABLE EXPENSES on an actual loss sustained basis. Coverage is provided for EXTRA EXPENSE on an actual cost basis.

Maintenance Fees and Assessments (Rents on Co-ops) \$81,200 **Annual Receipts**

E. EQUIPMENT BREAKDOWN (Boiler and Machinery): Coverage is included for equipment breakdown on a replacement cost or guaranteed replacement cost basis.

Does any building have a hot water or steam boiler? ☐ yes ☒ no

Does any building have a central air conditioning system servicing the entire building? ☐ yes ☒ no

F. OTHER PROPERTY COVERAGES: Basic Limits are included at no additional premium. Limits may be increased.

Coverage/Covered Property	Basic Limit	Increased Limit	Coverage/Covered Property	Basic Limit	Increased Limit
Bridges, Bulkheads, Docks, Piers, Retaining Walls and Wharves	\$ 10,000	\$ _____	Personal Property of Others:		
Natural Outdoor Property	\$20,000	\$ _____	Per Person	\$5,000	\$ _____
Maximum per Tree, plant, or shrub	\$1,000	_____	Per Occurrence	\$15,000	\$ _____
<input type="checkbox"/> Include golf course					
Newly Acquired Buildings and Structures	\$250,000	\$ _____	Off Premises Community Personal Property	\$50,000	\$ _____
Newly Conveyed Buildings and Structures	\$250,000	\$ _____	Community Personal Property	\$50,000	\$ _____
Newly Acquired Community Personal Property	\$250,000	\$ _____	In Transit	\$50,000	\$ _____
Fine Arts:					
Per item	\$15,000	\$ _____			
Per Occurrence	\$50,000	\$ _____	Debris Removal	\$300,000	\$ _____
Attach schedule					
Personal Effects:					
Per Person	\$5,000	\$ _____	Property Removal	\$300,000	\$ _____
Per Occurrence	\$15,000	\$ _____			
Fire Department Service Charge	\$10,000	\$ _____	Fire Extinguisher Recharge	\$1,000	\$ _____
				10% of paid claim up to \$5,000	\$ _____
			Monetary Reward	\$5,000	\$ _____
Removal of Fallen Trees Per Occurrence	\$ 10,000	\$ _____	Pollutant Clean Up and Removal	\$25,000	\$ _____
				per 12 month period	\$ _____
Maximum Per Tree	\$1,000				

G. Is EARTHQUAKE AND VOLCANIC ERUPTION Coverage desired?☐ yes ☒ no**H. Is Power Failure or Interruption Coverage- Sump Pump desired?**☐ yes ☒ no

If yes, Form CAU 3208 applies

I. Is Additional Claims Expenses coverage desired?☐ yes ☒ no

If yes, Form CAU 3207 applies

J. CRIME COVERAGES: EMPLOYEE DISHONESTY, COMPUTER FRAUD, DEPOSITORS FORGERY: Basic limit is included at no additional premium. Limit may be increased, or Actual Loss Sustained option may be selected. Optional coverage to include the independent community manager and firm is included and is subject to underwriting approval. Coverage can not be increased if the developer, sponsor, builder or their representatives are on the board of directors.**Basic Limit \$150,000**☒ **Increased Limit*** \$ 150,000

*FNMA requires a coverage limit equal to 3 months of assessments plus reserves.

OR

- ☐ **Actual Loss Sustained Limit Option** \$ 0 total amount of 3 months of association income + the amounts of all reserve accounts
- ☒ Do not include coverage for independent community manager and firm

K. add Deductible Allowance form CAU 3227 ? ☐ yes ☒ no

L. add Deductible Credit form CAU 3226 ? ☐ yes ☒ no

M. add Cosmetic Damage Exclusion form CAU 3222 ? ☐ yes ☒ no

V. Rating Information – Liability Coverages

A. GENERAL LIABILITY

No General Aggregate applies. Limit equals the sum of primary and excess/umbrella per occurrence limits. The basic GL limit is \$1,000,000. The limit may be increased.

Increased GL Limit

☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ \$6,000,000 ☐ \$7,000,000 ☐ \$8,000,000
☐ \$9,000,000 ☐ \$10,000,000

B. Is DIRECTORS AND OFFICERS LIABILITY coverage desired?

☒ yes ☐ no

Coverage is provided on a claims made basis. An Annual Aggregate applies. The minimum offered limit of \$1,000,000 may be increased but can not exceed General Liability limit chosen in A. above. Coverage is provided for independent community manager and firm. Full prior acts coverage is provided when "None" is shown as the Retroactive Date on the policy declaration page.

Increased D&O Limit

☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ \$6,000,000 ☐ \$7,000,000 ☐ \$8,000,000
☐ \$9,000,000 ☐ \$10,000,000

☒ Do not include coverage for independent community manager and firm
☐ Include Counsel Select form CAU 3042. An additional premium applies. Premium is fully earned.

C. ENVIRONMENTAL IMPAIRMENT LIABILITY

Coverage is provided on a claims made basis. Annual Aggregate applies. The basic liability limit is \$500,000. The limit may be increased. The minimum retention is \$5,000. Coverage for Underground Storage tanks applies only when scheduled on the policy.

Increased EIL Limit

☐ \$1,000,000 ☐ \$1,500,000 ☐ \$2,000,000
☐ Sewage Treatment Facility
☐ Do not include coverage for Environmental Impairment Liability

EIL Retention

☐ \$0 ☐ \$10,000 ☐ \$25,000
 # 0 Underground Storage Tanks

D. CYBER SUITE

Annual Aggregate applies. The basic limit is \$25,000. The limit may be increased.

The minimum deductible is \$1,000.

Liability coverages are provided on claims made basis.

☒ Do not include coverage for Cyber Liability

** Minimum deductible for \$250,000 limit is \$2,500

*** Only available with limits of \$500,000 and \$1,000,000

E. GARAGE AND PARKING AREA LEGAL LIABILITY

Basic coverage limits of \$25,000 apply separately for comprehensive and collision. These limits may be increased. The basic deductible is \$500.

	Increased Limit	Higher Deductible
Comprehensive	\$25,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$500
Collision	\$25,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$500

F. Is EMPLOYEE BENEFITS LIABILITY coverage desired?

☐ yes ☒ no

G. HIRED AND NONOWNED AUTO LIABILITY

Coverage for hired and nonowned auto liability will be included at the general liability occurrence limit. No primary coverage is provided for hired and nonowned auto liability if there is an owned auto exposure.

#0 Owned Autos

H. RATING EXPOSURES

	# of		Annual Receipts		Square Footage
Swimming pools (Not wading pools)	0	Restaurant	\$0	Mercantile	
Lakes, ponds, retention basins	0	Liquor	\$0	and Office Area	0
Acreage of largest lake or pond	0	Golf course	\$0		
Dock slips	0	Boat rental	\$0		
Roadway miles maintained		Golf cart rentals	\$0		
the association	0	Facility rental to			
		non-members	\$0		

I. ADDITIONAL INSURED

Does any additional insured need to be named on the policy? ☐ yes ☒ no

VI. Other Insurance Information

1. Is a Workers Compensation policy desired? ☐ yes ☒ no

2. Is Employee Benefits Liability coverage desired? ☐ yes ☐ no

VII. Underwriting Information**A. RESIDENTIAL OWNERSHIP AND OCCUPANCY**

Average sale/resale price of units: \$1,000,000

Indicate total number of units in each category:

Owned by developer/sponsor/builder # 0
 Owned by financial institutions # 0
 Owned by the association # 0
 Rented for periods less than 1 week # 0
 If less than 1 week what is the minimum length of rental allowed? # 0 # of nights
 Vacant # 0
 Rented to Students # 0

Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no

Does association have any ownership or rental restrictions for owners or residents (e.g. short term rentals, age restrictions on rentals)? ☐ yes ☒ no

1. Units Rented on an Annual Basis

Are the rules governing use of the unit and emergency procedures provided? ☐ yes ☒ no

Is proof of insurance obtained from all tenants? ☐ yes ☒ no

B. INDEPENDENT CONTRACTORS (e.g. street/road maintenance, snow removal, security, parking, transportation, etc)

Does the association or independent community management firm hire independent contractors? ☒ yes ☐ no

Does the association hire or arrange transportation for residents? ☐ yes ☒ no

Does the independent contractor provide a hold harmless or indemnification agreement? ☒ yes ☐ no

Are current certificates of insurance obtained from all independent contractors? ☒ yes ☐ no

Is the association named as an additional insured? ☒ yes ☐ no

Are liability limits at least \$1,000,000 per Occurrence with a \$1,000,000 General Aggregate? ☒ yes ☐ no

Does the association indemnify or hold harmless any independent contractor by contractual agreement? ☐ yes ☒ no

Does the association obtain proof of Workers Compensation coverage from all independent contractors? ☒ yes ☐ no

C. ASSOCIATION EMPLOYEES

Does the association have any employees? ☐ yes ☒ no

D. INDEPENDENT COMMUNITY MANAGEMENT FIRM

- How long have they managed the property?
0
Is the independent community manager on the premises full time?
Are on site visits conducted at regular intervals?
Does the independent community management firm have a maintenance staff?
Does the independent community management firm have any ownership interest in any contracting firm utilized by the association?

☒ yes ☐ no
☐ yes ☒ no
☐ yes ☒ no
☐ yes ☒ no
☐ yes ☒ no

E. BUILDING DETAILS, UPDATING and DEFECTS:

1. Was any building previously occupied for non-residential purposes? ☐ yes ☒ no

2. Is there an underground mine or quarry on association property? ☐ yes ☒ no

3. Are there Smoke detectors? ☒ yes ☐ no

In common areas:

☐ yes ☒ no

In units:

☒ yes ☐ no

☐ Hard wired

☒ Battery powered with replacement program

4. Is there a Sprinkler system? ☐ yes ☒ no

5. Building shapes and fire walls

Choose closest building shape below:



NONE OF THESE SHAPES APPLY



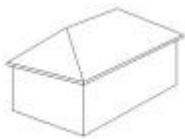
Does the building have any masonry fire walls?

☐ yes ☒ no

Roof:

Indicate the average age of the roofs: ☐ 0-5 years ☐ 6-10 years ☐ 11-15 years ☐ 16-20 years ☐ 21+ years

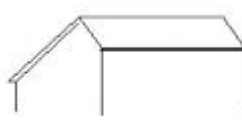
Indicate predominant roof type:



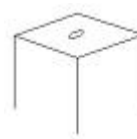
☐ Hip



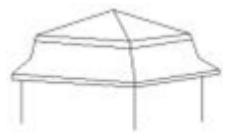
☐ Gable



☐ Salt Box



☐ Flat



☐ Mansard

6. Is there any building with roofing over 20 years old? ☐ yes ☒ no

7. Does any building or unit have galvanized plumbing (other than main waste lines)? ☐ yes ☒ no

8. Is there any aluminum wiring? ☐ yes ☒ no

9. Are there any Stab Lok electrical panels? ☐ yes ☒ no

10. Are there any identified construction defects? ☐ yes ☒ no

11. Does the association have a flood insurance policy? ☐ yes ☒ no

12. Have there been any water damage claims or mold claims in any building in the past 5 years? ☐ yes ☐ no

☐ N/A

Have all water damage issues been repaired with confirmation of no mold?

☐ yes ☒ no

Have all mold issues been fully remediated by a licensed contractor and certified mold-free?

☐ yes ☒ no

F. POTENTIAL EXPOSURES:

If you answer "YES" to a numbered question, answer the remaining questions in the section.

If you answer "NO" to a numbered question, proceed to the next numbered question.

1. Are there any Day Care, Medical Care or Assisted Living facilities?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
2. Are there any Health and Fitness facilities?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
3. Is there a clubhouse or meeting center?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
4. Is there a restaurant on premises?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
5. Is street or road maintenance the responsibility of the association?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
6. Is snow clearance the responsibility of the association?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
7. Is there a swimming pool or wading pool?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
8. Are there any lakes, ponds, retention basins, rivers or beaches on or adjacent to premises?(not detention basins)	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
9. Dam, levee or dike?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
10. Do any athletic teams or organizations use association amenities or facilities?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
11. Are there any golf courses located on Association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
12. Are there any equestrian facilities, trails or stables located on association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
13. Are there any skiing activities, including ski in and ski out, allowed on association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
14. Are any association owned facilities or amenities shared with another organization (e.g. another association, hotel, etc.)?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
15. Is there a water, wastewater or sewage treatment facility located on association property?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
16. Does the association utilize security personnel?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
17. Is valet parking provided?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
18. Does the association hold any organized activities involving minors?	<input type="checkbox"/> yes <input type="checkbox"/> no

VIII. Money & Securities and Crime / Employee Dishonesty

A. ASSOCIATION MONEY & SECURITIES VALUE

What does the association, at their premises, estimate the total maximum value for all its Money & Securities at any point in time for the upcoming policy period to be:

- Less than \$50,000: ☒
- Between \$50,000 and \$100,000: ☐
- Between \$100,000 and \$250,000: ☐
- Between \$250,000 and \$500,000: ☐
- Above \$500,000: ☐

If the association's estimate is above \$500,000; list the value for each of the below items:

• Currency / Coins:	\$0.00
• Bank notes:	\$0.00
• Money Order:	\$0.00
• Travelers Checks / Register Checks:	\$0.00
• Tokens / Tickets:	\$0.00
• Evidence of debt:	\$0.00
• Any other financial instruments not listed above and its value :	
: \$0.00	

B. ASSOCIATION ACCOUNTS


Does the association have both an operating account and a reserve account?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Are the account(s) in the association's name?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
What is the \$ limit on board member's ability to disburse or transfer funds?	\$0	
What is the \$ limit on independent community manager's ability to disburse or transfer funds?	\$0	
Are operating account disbursements by the independent community manager limited to approved budgeted items?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Are the reserve account disbursements specifically authorized by the board?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Is countersignature of the checks required?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
If not, who signs or controls?		
Are the following Securities subject to control of two or more board members / employees?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
- Tickets, Tokens, Stamps, Evidence of Debt, and negotiable or non-negotiable instruments or contracts.		
Are the bank statements reconciled monthly?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Does the person performing the reconciliation have the authority to deposit or disburse funds?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Who receives a copy of the account statement(s)?	<input checked="" type="checkbox"/> board member	<input type="checkbox"/> manager

C. ASSOCIATION FINANCIAL MANAGEMENT

Does the association prepare an annual budget?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
1. Is there an annual certified audit?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
If no annual certified audit, are any of the following conducted on an annual basis:		
<input checked="" type="checkbox"/> Review		
<input checked="" type="checkbox"/> Compilation		
<input checked="" type="checkbox"/> Report of cash receipts and expenditures		
2. Are all financial transactions reviewed monthly by the board?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
3. Does an independent community management firm handle association funds?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
4. Does an accounting firm handle association funds?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Is there a contractual agreement in place between the accounting firm and the association defining the accounting firm's financial responsibilities?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Does the contract require the accounting firm to maintain Employee Dishonesty coverage?	<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
Are association funds co-mingled with other funds?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
5. Are background checks done on everyone who has access to association funds?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

IX. Environmental Impairment Liability

In granting coverage under the Environmental Impairment Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Environmental Impairment Liability Coverage Part.

A. Have any prior environmental reports, audits or studies been done for this property?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
 Attach copy of report, audit or study.		
Have any of the following ever been on the property?	<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
Indicate which:		

- | | | |
|-------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Automobile maintenance, repair or sales | <input type="checkbox"/> Gas station | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Commercial oil storage or distribution | <input type="checkbox"/> Junk/scrap yard | <input type="checkbox"/> Waste reclamation |
| <input type="checkbox"/> Commercial printing | <input type="checkbox"/> Landfill | <input type="checkbox"/> Waste/sewage treatment, storage or disposal |
| <input type="checkbox"/> Dry cleaners (other than pickup station) | <input type="checkbox"/> Photo developing | |

- B. Does the association have any wells used for potable water? ☐ yes ☒ no
- C. Does the association have a septic system connected to residential buildings or to third parties? ☐ yes ☒ no
Does the association have a septic system connected to other association community buildings only? ☐ yes ☒ no
e.g. clubhouses, pool houses, etc.
- D. Is there a sewage treatment facility at the property? ☐ yes ☒ no
- E. **Associations may have above ground or underground tanks if they have any of the following exposures: Gasoline pumps, backup generator, irrigation systems, fire protection system, heated swimming pool, cooking grills, oil or propane heat source, drinking water system or septic system.**

Does the association have any Above ground Storage Tanks (ASTs)? ☐ yes ☒ no
Does the association have any Underground Storage Tanks (USTs)? ☐ yes ☒ no
- F. Are any hazardous* substances stored in containers greater than 50 gallons? ☐ yes ☒ no
*Hazardous substances include: pesticides, herbicides, paints, solvents, cleaning fluids and other similar chemicals.
- G. In the last 5 years:
Has there been environmental coverage in place, other than with CAU? ☐ yes ☒ no
Has the association been cited or prosecuted for contravention or violation of any standard or law relating to any release of pollutants into sewers, rivers, seas, or onto land? ☐ yes ☒ no
Have there been any environmental claims against the association? ☐ yes ☒ no
Has any environmental coverage been declined, cancelled, or nonrenewed? ☐ yes ☒ no
- H. Are you aware of any circumstances that could reasonably be expected to give rise to an environmental liability claim under this policy? ☐ yes ☒ no
- I. Are there any statutes, standards, or other city, state, or federal regulations relating to the protection of the environment you cannot comply with? ☐ yes ☒ no

X. Directors and Officers Liability

In granting coverage under the Directors and Officers Liability Coverage Part, we will rely upon the declarations and statements in this application for coverage. Declarations and statements are the basis of coverage and will be considered as incorporated in and constituting a part of the Directors and Officers Liability Coverage Part.

A. BOARD MEMBERS

- Has board control transferred from developer/builder/sponsor? ☒ yes ☐ no
Is the developer/builder/sponsor or their representatives on the board? ☐ yes ☒ no
Does any board member own 10% or more of the units? ☐ yes ☒ no

B. LEGAL COUNSEL

- Is there a procedure in place to promptly deliver all demand letters to the insurance carrier? ☒ yes ☐ no
Is legal counsel utilized in delinquent assessments, liens, or foreclosure processes? ☒ yes ☐ no
Is legal counsel utilized in enforcement of covenant process? ☒ yes ☐ no

C. PRIOR ACTIVITY

1. Has any directors and officers liability coverage ever been declined, cancelled or non-renewed? ☐ yes ☒ no
2. Has any legal action been taken by the association against any member other than for collection of fees or assessments? ☐ yes ☒ no

3. Has any claim been made, or is any claim pending against the association or any person as a director, officer, executive trustee, employee, independent community manager, volunteer, staff or committee member or association member acting on behalf of the board? ☐ yes ☒ no
4. Are you aware of any fact, circumstance or situation not reported to your current or past Directors & Officers Liability insurer which you reasonably believe could give rise to a claim? ☐ yes ☒ no

XI. List of Streets

Street Name
Alquezar Drive

XII. Fraud Statement

CO	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies
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XIII. Authorization

A. **Association Name** (Legal name based on articles of incorporation or fillings on record with state):

Alquezar Homeowners Association

B. **Association Mailing Address**(C/O, Street, City, State, Zip Code):

C/O Rocky Mountain Accounting
P.O Box 1077
Edwards, CO 81632

C. **Property Location**

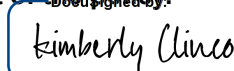
City or Municipality: Edwards **County:** Eagle **State:** CO **Zip Code:** 81632

D. **Proposed Effective Date** (mm/dd/yy): 01/01/25

I am an authorized representative of the applicant and certify that a diligent inquiry was made to obtain the answers to the questions on this application. To the best of my knowledge, I certify that the answers are accurate and complete.

I understand that the information provided in this application and related attachments were relied upon as the basis of coverage. Declarations and statements made relative to all coverage parts will be considered as incorporated in and constituting a part of the policy.

Signature:



Date: 11/29/2024

Signature of board member or other authorized representative is required.

Name:

Kimberly Clinco

Title:

Accountant

Company:

Alquezar Homeowners Association