





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Mountain West Insurance - Glenwood</b>		NAMED INSURED <b>Highland Greens Townhome Association, Inc. Alpine Edge Property Management PO Box 7 Breckenridge, CO 80424 Summit</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## 26-27 Additional Coverage Information

**\*\*Replacement Cost Valuation Applies\*\* // 100 units // \$50,000 deductible  
See attached Unit Owner Letter for how property coverage applies**

## Special Causes of Loss

## Ordinance and Law:

Coverage A – Included

Coverage B &amp; C Combined - \$150,000

Coinsurance: Not applicable to Property

Agreed Amount Endorsement: N/A

Inflation Guard: 4%

Equipment Breakdown: Included

Wind/Hail Coverage: Included

Notice of Cancellation: 10 Days for Non-Payment of Premium  
Minimum 30 Days All Other Reasons