

**This information has been provided for your reference. All claims should be initiated by your management firm, Westwind Management Group, Inc. Please contact management directly to initiate the filing of a claim or if you have any questions or concerns. For a Certificate of Insurance or to review the policy, please email requests to [TCWinfo@wilsonins.com](mailto:TCWinfo@wilsonins.com)**

**Insurance Disclosures for Crystal Lakes Road & Recreation Association, Inc.**

**Policy 1: Property**

Insurance Company Name: Philadelphia Insurance  
Policy Number: PHPKJ843233  
Policy Limits: \$1,195,000 Building TIV (Blanket Common Area Property)  
Policy Deductible: \$1,000  
Wind/Hail Deductible: \$ same  
Effective Date: 6/28/2018  
Expiration Date: 6/28/2019

**Policy 2: General Liability**

Insurance Company Name: Philadelphia  
Policy Number: PHPKJ843233  
Limits: \$1000000 Aggregate / \$2000000 Occurrence  
Policy Deductible: \$ -0-  
Effective Date: 6/28/18  
Expiration Date: 6/27/19

**Policy 3: Commercial Automobile**

Insurance Company Name: Philadelphia  
Policy Number: PHPKJ843233  
Policy Limits: \$1,000,000 CSL owned, non-owned and hired  
Liability Deductible: \$ -0-  
Effective Date: 6/28/2017  
Expiration Date: 6/28/18

**Policy 4: Director's and Officer's Liability**

Insurance Company Name: CNA  
Policy Number: 0250765221  
Policy Limits: \$2,000,000  
Policy Retention: \$5,000  
Effective Date: 6/28/18  
Expiration Date: 6/28/19  
Named Entity Insured definition includes Property Manager (accounting services approved)

**Policy 5: Crime and Fidelity**

Insurance Company Name: Travelers  
Policy Number: 105735803  
Policy Limits: \$1,500,000 EE Theft; \$400,000 ERISA Fidelity  
Policy Deductible: \$15,000 EE Theft; -0- ERISA Fidelity  
Effective Date: 2/12/18  
Expiration Date: 2/12/21  
Westwind Management Group included as Designated Property Manager

**Policy 6: Umbrella Liability**

Insurance Company Name: Philadelphia  
Policy Number: PHUB36105  
Policy Limits: \$1,000,000  
Policy Retention: \$10,000  
Effective Date: 6/28/18  
Expiration Date: 6/28/19

**Policy 7: Workers Compensation**

Insurance Company Name: Pinnacol Assurance  
Policy Number: 4198543  
Policy Limits: \$1M/\$1M/\$1M  
Policy Deductible: \$500  
Effective Date: 2/1/2018  
Expiration Date: 2/1/2019

**Insurance is for Building coverage and General Liability for the Association's common areas only. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.**

**This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.**