

DECLARATIONS A: GENERAL POLICY INFORMATION

- Coverage applies only when a limit of insurance is shown in these declarations. These declarations are summaries, only. Please refer to the coverage forms and applicable endorsements for complete information.
- In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance stated in this policy.

Named Insured Name and Mailing Address

Las Vistas Owners Association Inc
 C/O Vail Management Company
 PO Box 6130
 Avon, CO 81620

Policy Number	Annual Premium	Fee
CAU511199-3	Year 1 \$27,591.00	\$0.00
	Year 2 \$27,591.00	\$0.00
Policy Period	Effective Date*	Expiration Date*
	Year 1 06/01/2020	06/01/2021
	Year 2 06/01/2021	06/01/2022

*12:01 AM Standard Time at your premises address

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Community Association Underwriters Of America
 2 Caufield Place
 Newtown, PA 18940



Countersigned (Date)
 05/26/2020

By (Authorized Representative)

Joni Ann Long