



# CERTIFICATE OF LIABILITY INSURANCE

2894507

DATE (MM/DD/YYYY)  
05/09/2023

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.

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> USI Insurance Services, LLC One South Nevada Avenue, Suite 230 Colorado Springs, CO 80903 (719) 228-1070	<b>CONTACT NAME:</b> EOI Direct <b>PHONE (A/C No. Ext):</b> 877-456-3643 <b>E-MAIL ADDRESS:</b> help@eoidirect.com	<b>FAX (A/C, No):</b>													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A:</b> AmGUARD Insurance Company</td> <td>42390</td> </tr> <tr> <td><b>INSURER B:</b> Fireman's Fund Insurance Company</td> <td>21873</td> </tr> <tr> <td><b>INSURER C:</b> Pinnacol Assurance</td> <td>41190</td> </tr> <tr> <td><b>INSURER D:</b> Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td><b>INSURER E:</b> Great American Insurance Company (GA</td> <td>16691</td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> AmGUARD Insurance Company	42390	<b>INSURER B:</b> Fireman's Fund Insurance Company	21873	<b>INSURER C:</b> Pinnacol Assurance	41190	<b>INSURER D:</b> Continental Casualty Company	20443	<b>INSURER E:</b> Great American Insurance Company (GA	16691	<b>INSURER F:</b>
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<b>INSURED</b> Sand Creek Villas Community Association, Inc. c/o Balanced Bookkeeping & Community Association M PO BOX 25696 COLORADO SPRINGS, CO 80936															

**COVERAGES****CERTIFICATE NUMBER:****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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SABP422761	5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Hired/Non-Owned	\$ Included
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> DED:      RETENTION \$			21780145	5/1/2023	5/1/2024	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			4125520	8/1/2022	8/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Fidelity/Crime			618855625	5/1/2023	5/1/2024	\$550,000	\$5,000 Deductible
E	Directors & Officers			EPPE294429-03	5/1/2023	5/1/2024	\$1,000,000	\$1,000 Retention

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Master Certificate, XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX, CO 80923  
 \*\*\*\*\*See Attached\*\*\*\*\*

**CERTIFICATE HOLDER**

Master Certificate  
 .  
 XXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXX, CO 80923  
 Loan Number: N/A

**CANCELLATION**

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

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY USI Insurance Services		NAMED INSURED Sand Creek Villas Community Association	
POLICY NUMBER		c/o Balanced Bookkeeping	
CARRIER		PO Box 25696	
NAIC CODE		Colorado Springs, CO 80936	
		EFFECTIVE DATE: 05/01/2023	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** \_\_\_\_\_

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured:  
Balanced Bookkeeping & Community Association Management  
PO Box 25696  
Colorado Springs, CO 80936

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers

COVERAGE: Property  
INSURER: AmGUARD Insurance Company  
POLICY NUMBR: SABP422761  
POLICY DATES: 5/1/2023 to 5/1/2024  
Blanket Buildings Limit: \$37,857,702  
Deductible: \$10,000  
Wind/Hail Coverage is included. Wind/Hail Deductible: 5%  
# of Units: 120  
# of Buildings: 31  
100% Replacement Cost applies up to the Blanket buildings limit  
No Coinsurance/Agreed Value  
Special causes of loss excluding earthquake and flood  
Subject to policy limits and exclusions.  
Equipment Breakdown/Boiler & Machinery coverage is included.  
Ordinance and Law is included.  
A - Undamaged Portion of Building is included in Building Limit  
B&C - Demolition Cost & Increased Cost of Construction Combined is 20% of Building Limit  
Inflation Guard is not included on policy. Replacement cost/building values are reassessed / reviewed annually to ensure adequate coverage on the project.  
Waiver of Subrogation in favor of unit owners applies.  
Locations must be shown on policy for coverage to apply.  
This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated projects.  
Severability of Liability (Separation of Insureds) is included.  
If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.  
Cancellation - 10 days prior to cancellation date.

\*\*\*\*\*PLEASE READ\*\*\*\*\*

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The governing documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses covered by Policy (All addresses are Colorado Springs, CO 80923)

- \*Street Address \*Building Limit \*Number of Units
- 6205,11,17,23 Escalade Point - \$1,272,916 – 4 Units
- 6206,12,18,24 Escalade Point - \$1,254,504 – 4 Units
- 6208,14,20,26 Sandside View - \$1,254,504 – 4 Units
- 6209,15,21,27 Sandside View - \$1,254,504 – 4 Units
- 6306,14,22,30 Sand Bar Point - \$1,254,504 – 4 Units
- 6307,15,23,31 Sand Bar Point - \$1,254,504 – 4 Units
- 6338,46,54,62 Sand Bar Point - \$1,272,916 – 4 Units
- 6339,47,55,63 Sand Bar Point - \$1,272,916 – 4 Units
- 6402,08,14,20 Black Sand View - \$1,272,916 – 4 Units
- 6403,09,15,21 Black Sand View - \$1,254,504 – 4 Units
- 6404,10,16,22 Leisure Hill Grove - \$1,254,504 – 4 Units
- 6405,11,17,23 Leisure Hill Grove - \$1,254,504 – 4 Units
- 6902,08,14 Sandcastle Point - \$968,906 – 3 Units
- 6915,21,27,33 Sandcastle Point - \$1,254,504 – 4 Units
- 6920,26,32 Sandcastle Point - \$968,906 – 3 Units
- 6906,12,18,24 White Sand Point - \$1,254,504 – 4 Units
- 6907,13,19,25 White Sand Point - \$1,254,504 – 4 Units
- 6918,26,34 Red Sand Grove - \$968,906 – 3 Units
- 6942,50,58,66 Red Sand Grove - \$1,254,504 – 4 Units
- 6974,82,90,98 Red Sand Grove - \$1,254,504 – 4 Units



**ADDITIONAL REMARKS SCHEDULE**

AGENCY USI Insurance Services		NAMED INSURED Sand Creek Villas Community Association, Inc.	
POLICY NUMBER		c/o Balanced Bookkeeping PO Box 25696 Colorado Springs, CO 80936	
CARRIER	NAIC CODE	EFFECTIVE DATE: 05/01/2023	

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**FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_**

7005,13,21,29 Red Sand Grove - \$1,254,504 – 4 Units  
 7037,45,53,61 Red Sand Grove - \$1,254,504 – 4 Units  
 7038,46,54,62 Red Sand Grove - \$1,254,504 – 4 Units  
 7069,77,85,93 Red Sand Grove - \$1,254,504 – 4 Units  
 7070,78,86,94 Red Sand Grove - \$1,272,916 – 4 Units  
 7101,09,17,25 Red Sand Grove - \$1,254,504 – 4 Units  
 7102,10,18,26 Red Sand Grove - \$1,254,504 – 4 Units  
 7157,65,73,81 Red Sand Grove - \$1,254,504 – 4 Units  
 7189,97,7205,13 Red Sand Grove - \$1,272,916 – 4 Units  
 7190,98,7206,14 Red Sand Grove - \$1,254,504 – 4 Units  
 7222,30,38 Red Sand Grove - \$968,904 – 3 Units  
 Total Buildings Limit: \$37,857,702  
 Outdoor Property: \$363,216

Cancellation - 10 days prior to cancellation date