



SANDCRE-13

QQIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2025

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).

PRODUCER Alliant Insurance Services, Inc. 6400 S Fiddlers Green Cir Ste 2000 Greenwood Village, CO 80111	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(239) 744-3136	FAX (A/C, No): (858) 754-2610
	E-MAIL ADDRESS:	FortMyersCerts@alliant.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	United States Liability Insurance Company	25895
INSURED Sand Creek Villas Community Association, Inc. c/o Balanced Bookkeeping & Community Association Management, Inc P.O. Box 25696 Colorado Springs, CO 80936	INSURER B :	Ascot Insurance Company	23752
	INSURER C :	Pennsylvania Manufacturers Association Insurance Company	12262
	INSURER D :		
	INSURER E :		
	INSURER F :		

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NPP1645371	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ Included
							HNOA \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			SFU00000574 01	5/1/2025	5/1/2026	EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	2025011532902Y	5/1/2025	5/1/2026	<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
B	D & O Liability			SFD00001161 01	5/1/2025	5/1/2026	Ded: \$1,000/ Limit 1,000,000
B	Fidelity/Crime			SFC00000615 01	5/1/2025	5/1/2026	Ded: \$5,000/ Limit 550,000

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

CERTIFICATE HOLDER

CANCELLATION

25/26 Master Certificate

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

Jressa Bishop



ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Sand Creek Villas Community Association, Inc. c/o Balanced Bookkeeping & Community Association Management, Inc P.O. Box 25696 Colorado Springs, CO 80936	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

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

Remarks

Fidelity/Crime, General Liability, and Directors & Officers Liability policies include coverage for Property Manager:
Balanced Bookkeeping & Community Association Management
PO Box 25696
Colorado Springs, CO 80936

Fidelity/Crime policy includes coverage for Board Members and Volunteers

Commercial Property:

Certain Underwriters at Lloyds, Indian Harbor Insurance Company, Old Republic Union Insurance Company, GeoVera Specialty Insurance Company, MS Transverse Specialty Insurance Company, Spinnaker Specialty Insurance Company, Everest Indemnity Insurance Company, Obsidian Specialty Insurance Company, Emerald Bay Specialty Insurance Company, Convex Insurance UK, Obsidian Specialty Insurance Company, Point Excess and Surplus Insurance Company, Scottsdale Insurance Company
Policy Number: AMR-87898, AMP7550748-00, ORAMPR022273-00, GVS-49299-00, TSAMPR0017044-00, SPI-22271-00, AMEI006844-25-00, RSC-PR-000001954-00, AREBS-CP-25-00768-00, CVX241072-00, PAC-PR00001112-00, SEN0004316-00, BXS0006599

Policy Effective Dates: 5/1/2025-5/1/2026

Deductible per Occurrence All Other Perils: \$10,000

Wind/Hail Deductible per Occurrence: 5%

Policy Limit: \$37,235,185

Replacement Cost applies

31 Buildings

120 Units

Agreed Amount/Coinsurance Waived

Special Form

Ordinance or Law Coverage Included - Full Coverage A; 10% per Building Coverage B & C Combined

Inflation Guard is not included on policy. Limits are reviewed annually by Board of Directors to ensure coverage compliant with governing documents for the project.

Waiver of Subrogation in favor of unit owners

No other projects/complexes included on policies listed on certificate

Severability of liability (Separation of Insureds) is included

Mortgagee listed as Certificate Holder is recognized as mortgagee

Equipment Breakdown Coverage

Carrier: Travelers Property Casualty Company of America

Policy Number: B3383525

Policy Effective Dates: 5/1/2025-5/1/2026

Deductible: \$25,000

Policy Limit: \$37,235,185

*****PLEASE READ*****

INSURANCE FOR BUILDINGS AND COMMON AREAS FOLLOWS THE REQUIREMENTS IN THE DECLARATION OF COVENANTS CONDITIONS AND RESTRICTIONS (GOVERNING DOCUMENTS) IN PLACE AT THE TIME OF LOSS. GOVERNING DOCUMENTS CAN ONLY BE PROVIDED BY THE UNIT OWNER OR PROPERTY MANAGEMENT COMPANY. EACH UNIT OWNER AND/OR THEIR TENANT MAY BE REQUIRED TO CARRY AN OWNER'S POLICY OR TENANT'S POLICY AND SHOULD CONSULT THEIR OWN INSURANCE PROVIDER TO CONFIRM COVERAGES NEEDED.

Covered Property (Colorado Springs, CO 80922):



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POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
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FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

6205-6223 Escalade Pt \$1,228,215 4 Units
6206-6224 Escalade Pt \$1,211,790 4 Units
6208-6226 Sandside Vw \$1,211,790 4 Units
6209-6227 Sandside Vw \$1,143,795 4 Units
6306-6330 Sand Bar Pt \$1,211,790 4 Units
6307-6331 Sand Bar Pt \$1,211,790 4 Units
6338-6362 Sand Bar Pt \$1,228,215 4 Units
6339-6363 Sand Bar Pt \$1,228,215 4 Units
6402-6420 Black Sand Vw \$1,228,215 4 Units
6403-6421 Black Sand Vw \$1,211,790 4 Units
6404-6422 Leisure Hill Grv \$1,211,790 4 Units
6405-6423 Leisure Hill Grv \$1,211,790 4 Units
6902-6914 Sandcastle Pt \$935,375 3 Units
6915-6933 Sandcastle Pt \$1,211,790 4 Units
6920-6932 Sandcastle Pt \$935,375 3 Units
6906-6924 White Sand Pt \$1,211,790 4 Units
6907-6925 White Sand Pt \$1,211,790 4 Units
6918-6934 Red Sand Grv \$935,375 3 Units
6942-6966 Red Sand Grv \$1,211,790 4 Units
6974-6998 Red Sand Grv \$1,211,790 4 Units
7005-7029 Red Sand Grv \$1,211,790 4 Units
7037-7061 Red Sand Grv \$1,211,790 4 Units
7038-7062 Red Sand Grv \$1,211,790 4 Units
7069-7093 Red Sand Grv \$1,211,790 4 Units
7070-7094 Red Sand Grv \$1,228,215 4 Units
7101-7125 Red Sand Grv \$1,211,790 4 Units
7102-7126 Red Sand Grv \$1,211,790 4 Units
7157-7181 Red Sand Grv \$1,211,790 4 Units
7189-7213 Red Sand Grv \$1,228,215 4 Units
7190-7214 Red Sand Grv \$1,211,790 4 Units
7222-7238 Red Sand Grv \$935,375 3 Units