

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)**05/23/2022

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).

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PRODUCER		CONTACT NAME: EOI Direct				
USI Insurance Services, LLC		PHONE (A/C, No, Ext): 877-456-3643 (A/C, No):				
One South Nevada Avenue, Si	uite 230	E-MAIL ADDRESS: help@eoidirect.com				
Colorado Springs, CO 80903		INSURER(S) AFFORDING COVERAGE		NAIC#		
(719) 228-1070		INSURER A: AmGUARD Insurance Company		42390		
INSURED		INSURER B: Fireman's Fund Insurance Company 21873				
Sand Creek Villas Community	and Creek Villas Community Association, Inc.		INSURER C: Pinnacol Assurance			
c/o Balanced Bookkeeping & Community Association M PO BOX 25696		INSURER D: Continental Casualty	20443			
		INSURER E: Great American Insurance Company (GA		16691		
COLORADO SPRINGS, CO 80936		INSURER F:				
00/504050	OFFICIOATE NUMBER.	DEVIO	ON NUMBER			

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Χ	COMMERCIAL GENERAL LIABILITY			SABP310701	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ Included
	GEN	I'L AGGRE <u>GAT</u> E LIMIT AP <u>PLIE</u> S PER:						GENERAL AGGREGATE	\$ 2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Hired/Non-Owned	\$ Included
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Χ	UMBRELLA LIAB X OCCUR			USL01482121U799701	5/1/2022	5/1/2023	EACH OCCURRENCE	\$ 2,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
		DED RETENTION \$							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY			4125520	8/1/2021	8/1/2022	X PER OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Fic	delity/Crime			618855625	5/1/2022	5/1/2023	\$550,000 \$	5,000 Deductible
E	Dir	ectors & Officers			EPPE294429-03	5/1/2022	5/1/2023	\$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 Master Certificate, XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, CO 80923

\*\*\*\*\*See Attached\*\*\*\*\*

CERTIFICATE HOLDER	CANCELLATION
Master Certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
XXXXXXXXXXXXXX, CO 80923	
Loan Number: N/A	AUTHORIZED REPRESENTATIVE

LOC #:

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A	$RD^{\circ}$
~	KD.
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## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
USI Insurance Services		Sand Creek Villas Community Association		
POLICY NUMBER		c/o Balanced Bookkeeping		
		PO Box 25696		
CARRIER NAIC CODE		Colorado Springs, CO 80936		
		<b>EFFECTIVE DATE</b> : 05/01/2022		

ADDITIONAL REM	ARKS
THIS ADDITIONAL I	REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _	FORM TITLE:
	ability, and Directors & Officers Liability policies include Property Management Company as an Insured: oing & Community Association Management
Crime/Fidelity/Emplo	oyee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers
POLICY NUMBR: S. POLICY DATES: 5/2 Blanket Buildings Lir Deductible: \$10,000 Wind/Hail Coverage # of Units: 120 # of Buildings: 31 100% Replacement No Coinsurance/Agr Special causes of lo Subject to policy limi Equipment Breakdor Ordinance and Law A - Undamaged F B&C - Demolition Inflation Guard is no Waiver of Subrogatic Locations must be s This is the only com Severability of Liabil If Mortgagee is listed	RĎ Insurance Company (ABP310701 1/2022 to 5/1/2023 mit: \$36,401,640 ) a is included. Wind/Hail Deductible: 5%  Cost applies up to the Blanket buildings limit reed Value uss excluding earthquake and flood uits and exclusions. wn/Boiler & Machinery coverage is included.
	******PLEASE READ*****
	ding structures and common areas for which the Association has a requirement to insure per the governing documents. The governing

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 - \$1,223,958 – 4 Units 6206,12,18,24 Escalade Point - \$1,206,254 - 4 Units 6208,14,20,26 Sandside View - \$1,206,254 - 4 Units 6209,15,21,27 Sandside View - \$1,206,254 - 4 Units 6306,14,22,30 Sand Bar Point - \$1,206,254 - 4 Units 6307,15,23,31 Sand Bar Point - \$1,206,254 - 4 Units 6338,46,54,62 Sand Bar Point - \$1,223,958 - 4 Units 6339,47,55,63 Sand Bar Point - \$1,223,958 - 4 Units 6402,08,14,20 Black Sand View - \$1,223,958 - 4 Units 6403,09,15,21 Black Sand View - \$1,206,254 - 4 Units 6404,10,16,22 Leisure Hill Grove - \$1,206,254 - 4 Units 6405,11,17,23 Leisure Hill Grove - \$1,206,254 - 4 Units 6902,08,14 Sandcastle Point - \$931,640 - 3 Units 6915,21,27,33 Sandcastle Point - \$1,206,254 - 4 Units 6920,26,32 Sandcastle Point - \$931,640 - 3 Units 6906,12,18,24 White Sand Point - \$1,206,254 - 4 Units 6907,13,19,25 White Sand Point - \$1,206,254 - 4 Units 6918,26,34 Red Sand Grove - \$931,640 - 3 Units 6942,50,58,66 Red Sand Grove - \$1,206,254 - 4 Units

6974,82,90,98 Red Sand Grove - \$1,206,254 - 4 Units

AGENCY CUSTOMER ID:	SANDCRE5
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LOC #:

ACORD
ACOND

## ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED				
USI Insurance Services		Sand Creek Villas Com, munity Association				
POLICY NUMBER		c/o Balanced Bookkeeping				
		PO Box 25696				
CARRIER NAIC CODE		Colorado Springs, CO 80936				
		<b>EFFECTIVE DATE:</b> 05/01/2022				

ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FO	ORM IS A SCHEDULE TO AC	ORD FORM,		
FORM NUMBER: FO	ORM TITLE:			
7005,13,21,29 Red Sand Grove - 7037,45,53,61 Red Sand Grove - 7038,46,54,62 Red Sand Grove - 7069,77,85,93 Red Sand Grove - 7070,78,86,94 Red Sand Grove - 7102,10,18,26 Red Sand Grove - 7157,65,73,81 Red Sand Grove - 7157,65,73,81 Red Sand Grove - 7189,97,7205,13 Red Sand Grove - 7190,98,7206,14 Red Sand Grove 7222,30,38 Red Sand Grove - \$93,000,000,000,000,000,000,000,000,000,0	\$1,206,254 – 4 Units \$1,206,254 – 4 Units \$1,206,254 – 4 Units \$1,223,958 – 4 Units \$1,206,254 – 4 Units \$1,638 – 3 Units			
Cancellation - 10 days prior to can	cellation date			