



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2020

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 CB Insurance, LLC 1 South Nevada Ave., Suite 230 Colorado Springs CO 80903	CONTACT NAME: CB Insurance Certificates PHONE (A/C No. Ext): 719-228-1070 E-MAIL ADDRESS: Cert@centralbancorp.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: COUNTRY Mutual Insurance Company INSURER B: Great American Alliance Ins. Co. INSURER C: Pinnacol Assurance INSURER D: INSURER E: INSURER F:		NAIC # 41190
INSURED Sand Creek Villas Community Association, Inc. c/o Balanced Bookkeeping & Community Association M P.O. Box 25696 Colorado Springs CO 80936	SANDCRE-04		

COVERAGES

CERTIFICATE NUMBER: 277163719

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WA0200214350-02	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Hired/Non-Owned Auto \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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 RETENTION \$			UM2664599-UM30188195	5/1/2020	5/1/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4125520	8/1/2019	8/1/2020	<input 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
A	Building Information			WA0200214350-02	5/1/2020	5/1/2021	\$10,000 Deductible 5% W.H Deductible GUARANTEED REPLACEMENT COST

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

Total Number of Units: 120

See Attached...

CERTIFICATE HOLDER

CANCELLATION 10 days prior to cancellation date

 MASTER CERTIFICATE
 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX XX XXXXX

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 CB Insurance, LLC		NAMED INSURED Sand Creek Villas Community Association, Inc. c/o Balanced Bookkeeping & Community Association M P.O. Box 25696 Colorado Springs CO 80936	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. Special causes of loss excluding earthquake and flood. Subject to policy limits and exclusions.

Cancellation - 10 days prior to cancellation date

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. Special causes of loss excluding earthquake and flood. Subject to policy limits and exclusions.

This policy is "All-Inclusive" regarding property coverage for the structure which includes all permanently attached fixtures and extends to improvements or upgrades.

Locations must be shown on policy for coverage to apply.

Severability of Liability is included.

Equipment Breakdown is included in Blanket Building Limit.

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% per Building Limit

Fidelity Policy Named Insured Includes Property Management Company:
 Balanced Bookkeeping & Community Association Management
 PO Box 25696
 Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty
 INSURER: Continental Casualty Company
 POLICY NUMBER: 618855625
 LIMIT: \$550,000 DED: \$5,000
 POLICY DATES: 5/1/2020 to 5/1/2021

COVERAGE: Directors & Officers
 INSURER: Great American Insurance Company
 POLICY NUMBER: EPPE294429-02
 LIMIT: \$1,000,000 DED: \$1,000
 POLICY DATES: 5/1/2020 to 5/1/2021

* Building Number *Street Address *Building Limit (All addresses are Colorado Springs, CO 80923)

- 1 6205, 6211, 6217, 6223 Escalade Pt. \$866,709
- 2 6206, 6212, 6218, 6224 Escalade Pt. \$859,607
- 3 6208, 6214, 6220, 6226 Sandside Vw. \$859,607
- 4 6209, 6215, 6221, 6227 Sandside Vw. \$859,607
- 5 6306, 6314, 6322, 6330 Sand Bar Pt. \$859,607
- 6 6307, 6315, 6323, 6331 Sand Bar Pt. \$859,607
- 7 6338, 6346, 6354, 6362 Sand Bar Pt. \$866,709
- 8 6339, 6347, 6355, 6363 Sand Bar Pt. \$866,709
- 9 6402, 6408, 6414, 6420 Black Sand Vw. \$866,709
- 10 6403, 6409, 6415, 6421 Black Sand Vw. \$859,607
- 11 6404, 6410, 6416, 6422 Leisure Hill Gr. \$859,607
- 12 6405, 6411, 6417, 6423 Leisure Hill Gr. \$859,607
- 13 6902, 6908, 6914 Sandcastle Pt. \$666,783
- 14 6915, 6921, 6927, 6933 Sandcastle Pt. \$859,607
- 15 6920, 6926, 6932 Sandcastle Pt. \$666,783
- 16 6906, 6912, 6918, 6924 White Sand Pt. \$859,607
- 17 6907, 6913, 6919, 6925 White Sand Pt. \$859,607
- 18 6918, 6926, 6934 Red Sand Gr. \$666,783
- 19 6942, 6950, 6958, 6966 Red Sand Gr. \$859,607
- 20 6974, 6982, 6990, 6998 Red Sand Gr. \$859,607
- 21 7005, 7013, 7021, 7029 Red Sand Gr. \$859,607
- 22 7037, 7045, 7053, 7061 Red Sand Gr. \$859,607
- 23 7038, 7046, 7054, 7062 Red Sand Gr. \$859,607
- 24 7069, 7077, 7085, 7093 Red Sand Gr. \$859,607
- 25 7070, 7078, 7086, 7094 Red Sand Gr. \$859,607
- 26 7101, 7109, 7117, 7125 Red Sand Gr. \$859,607



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FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

27 7102, 7110, 7118, 7126 Red Sand Gr. \$859,607
 28 7157, 7165, 7173, 7181 Red Sand Gr. \$859,607
 29 7189, 7197, 7205, 7213 Red Sand Gr. \$866,709
 30 7190, 7198, 7206, 7214 Red Sand Gr. \$859,607
 31 7222, 7230, 7238 Red Sand Gr. \$666,783

kls