



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/24/2019

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> CB Insurance, LLC 1 South Nevada Ave., Suite 230 Colorado Springs CO 80903	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 719-228-1070		<b>FAX (A/C. No.):</b> 719-228-1071
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> SANDCRE-04 Sand Creek Villas Community Association, Inc. c/o Balanced Bookkeeping & Community Association M P.O. Box 25696 Colorado Springs CO 80936		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> COUNTRY Mutual Insurance Company	<b>NAIC #</b>  
		<b>INSURER B:</b> Great American Alliance Ins. Co.	
		<b>INSURER C:</b> Pinnacol Assurance	41190
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1287485719

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:			WA0200214350-01	5/1/2019	5/1/2020	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
	<b>AUTOMOBILE LIABILITY</b> <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 \$			UM30161041	5/1/2019	5/1/2020	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	Y/N	N/A	4125520	8/1/2018	8/1/2019	PER STATUTE 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			WA0200214350-01	5/1/2019	5/1/2020	\$5,000 Deductible Guaranteed 5% W/H Deductible 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

\*\*\*\*\*Total Buildings Limit: \$25,049,500, NOT BLANKET. Please see below for Building Limits\*\*\*\*\*

See Attached...

**CERTIFICATE HOLDER****CANCELLATION** 10 days prior to cancellation date
 MASTER CERTIFICATE  
 XXXXXXXXXXXX  
 XXXXXXXXXXXX  
 XXXXXXXXXXXX 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

Fidelity Policy Named Insured Includes Property Management Company:  
 c/o Balanced Bookkeeping & Community Association Management,  
 P.O. Box 25696  
 Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty  
 INSURER: Continental Casualty Company  
 POLICY NUMBER: 618855625  
 LIMIT: \$500,000 DED: \$5,000  
 POLICY DATES: 05/01/2019 to 05/01/2020

COVERAGE: Directors & Officers Liability  
 INSURER: Great American Insurance Company  
 POLICY NUMBER: EPPE294429-01  
 LIMIT: \$1,000,000 RETENTION: \$1,000  
 AGGREGATE: \$1,000,000  
 POLICY DATES: 05/01/2019 to 05/01/2020

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 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% of Building Limit.

Bldg No.	Bldg Limit	Street Address
1	\$837,400	6205, 6211, 6217, 6223 Escalade Pt.
2	\$830,538	6206, 6212, 6218, 6224 Escalade Pt.
3	\$830,538	6208, 6214, 6220, 6226 Sandside Vw.
4	\$830,538	6209, 6215, 6221, 6227 Sandside Vw.
5	\$830,538	6306, 6314, 6322, 6330 Sand Bar Pt.
6	\$830,538	6307, 6315, 6323, 6331 Sand Bar Pt.
7	\$837,400	6338, 6346, 6354, 6362 Sand Bar Pt.
8	\$837,400	6339, 6347, 6355, 6363 Sand Bar Pt.
9	\$837,400	6402, 6408, 6414, 6420 Black Sand Vw.
10	\$830,538	6403, 6409, 6415, 6421 Black Sand Vw.
11	\$830,538	6404, 6410, 6416, 6422 Leisure Hill Gr.
12	\$830,538	6405, 6411, 6417, 6423 Leisure Hill Gr.
13	\$644,235	6902, 6908, 6914 Sandcastle Pt.
14	\$830,538	6915, 6921, 6927, 6933 Sandcastle Pt.
15	\$644,235	6920, 6926, 6932 Sandcastle Pt.
16	\$830,538	6906, 6912, 6918, 6924 White Sand Pt.
17	\$830,538	6907, 6913, 6919, 6925 White Sand Pt.
18	\$644,235	6918, 6926, 6934 Red Sand Gr.
19	\$830,538	6942, 6950, 6958, 6966 Red Sand Gr.
20	\$830,538	6974, 6982, 6990, 6998 Red Sand Gr.
21	\$830,538	7005, 7013, 7021, 7029 Red Sand Gr.
22	\$830,538	7037, 7045, 7053, 7061 Red Sand Gr.
23	\$830,538	7038, 7046, 7054, 7062 Red Sand Gr.
24	\$830,538	7069, 7077, 7085, 7093 Red Sand Gr.
25	\$837,400	7070, 7078, 7086, 7094 Red Sand Gr.
26	\$830,538	7101, 7109, 7117, 7125 Red Sand Gr.
27	\$830,538	7102, 7110, 7118, 7126 Red Sand Gr.
28	\$830,538	7157, 7165, 7173, 7181 Red Sand Gr.
29	\$837,400	7189, 7197, 7205, 7213 Red Sand Gr.
30	\$837,400	7190, 7198, 7206, 7214 Red Sand Gr.
31	\$644,235	7222, 7230, 7238 Red Sand Gr.



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POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

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MRM