



SUNDTOW-01

C1SCARRUTHERS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2025

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 <b>AssuredPartners</b> 4582 S. Ulster Street Suite 600 Denver, CO 80237	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(303) 863-7788	FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED  <b>Sundial Townhomes Homeowners Association</b> c/o Balanced Bookkeeping & Community Association Mgt. PO Box 25696, Colorado Springs, CO 80936	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>United States Liability Insurance Company</b>		<b>25895</b>
	INSURER B : <b>Ascot Insurance Company</b>		<b>23752</b>
	INSURER C : <b>Pennsylvania Manufacturers' Association Insurance Company</b>		<b>12262</b>
	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:			NPP1633454A	5/27/2025	5/27/2026	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	\$ 2,000,000						
							\$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NPP1633454A	5/27/2025	5/27/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							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 type="checkbox"/> RETENTION \$			SFU00000655-01	5/27/2025	5/27/2026	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) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A	202501-08-89-46-9Y	5/27/2025	5/27/2026	<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
B	Directors & Officers			SFD00001304-01	5/27/2025	5/27/2026	\$1,000 Deductible	1,000,000
B	Crime			SFC00000714-01	5/27/2025	5/27/2026	\$1,000 Deductible	150,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Informational Purposes

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



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>AssuredPartners</b>		NAMED INSURED <b>Sundial Townhomes Homeowners Association c/o Balanced Bookkeeping &amp; Community Association Mgt. PO Box 25696, Colorado Springs, CO 80936</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

**MASTER INSURANCE POLICY**  
**CARRIER: Arch Specialty Insurance Company**  
**EFFECTIVE: 05/27/2025 to 05/27/2026**  
**POLICY #: NHPRP0166701**  
**PROPERTY LIMIT: \$9,314,136**  
**DEDUCTIBLE: \$25,000**  
**WATER DAMAGE DEDUCTIBLE:**  
**WIND & HAIL DEDUCTIBLE: 5% Per Building Subject to Minimum of \$100,000 Per Occurrence**  
**# OF UNITS: 27**  
**# OF BUILDINGS: 5**  
**100% REPLACEMENT COST UP TO THE LIMIT ABOVE**  
**SEVERABILITY OF INTEREST IS INCLUDED**  
**ORDINANCE AND LAW IS INCLUDED**  
**NO COINSURANCE**  
**SPECIAL FORM**  
**NO INFLATION GUARD/ LIMITS ARE REVIEWED ANNUALLY TO ENSURE 100% REPLACEMENT COST**  
**EQUIPMENT BREAKDOWN COVERAGE INCLUDED**  
**POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM**  
**WAIVER OF SUBROGATION APPLIES**  
**CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions**  
**LIMITS/VALUES OF BUILDINGS AND PROPERTY ARE REVIEWED ANNUALLY AT RENEWAL BY OUR OFFICE TO ENSURE 100% REPLACEMENT COST**  
**FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS**

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

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.