



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2020

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).

<b>PRODUCER</b> CB Insurance, LLC 1 South Nevada Ave., Suite 230 Colorado Springs CO 80903	<b>CONTACT NAME:</b> CB Insurance Certificates <b>PHONE (A/C. No. Ext):</b> 719-228-1070 <b>E-MAIL ADDRESS:</b> Cert@centralbancorp.com	<b>FAX (A/C. No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Sundial Townhomes Homeowners Association c/o Balanced Bookkeeping P.O. Box 25696 Colorado Springs CO 80936	<b>INSURER A :</b> COUNTRY Mutual Insurance Company		
	<b>INSURER B :</b> Continental Insurance Company		
	<b>INSURER C :</b> PMA Companies		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 148959274

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:			WA0200214435-02	5/27/2020	5/27/2021	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
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUE6046454273	5/27/2020	5/27/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
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	202001-08-89-46-9Y	5/27/2020	5/27/2021	<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
A	Building Information			WA0200214435-02	5/27/2020	5/27/2021	\$5,000 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: 27

\*\*\*\*\*Total Buildings Limit \$7,242,558. NOT BLANKET. Please see below for Building Limits\*\*\*\*\*

See Attached...

**CERTIFICATE HOLDER****CANCELLATION** 10 days prior to cancellation date
 MASTER CERTIFICATE  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX 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 Sundial Townhomes Homeowners Association c/o Balanced Bookkeeping P.O. Box 25696 Colorado Springs CO 80936	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	(Empty)	

**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

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% of Building Limit

Fidelity Policy Named Insured Includes Property Management Company:

Balanced Bookkeeping

PO Box 25696

Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty

INSURER: Continental Casualty Company

POLICY NUMBER: 618733282

LIMIT: \$150,000    DED: \$1,000

POLICY DATES: 5/27/2020 to 5/27/2021

COVERAGE: Directors & Officers

INSURER: Continental Casualty Company

POLICY NUMBER: 618733282

LIMIT: \$1,000,000    DED: \$1,000

POLICY DATES: 5/27/2020 to 5/27/2021

\*Building Number \*Street Address \*Building Limit (All addresses are Colorado Springs, CO 80915)

1. 5501,09,17,25,33 Timeless View \$1,330,497
2. 5590,82,74,66,58,50 Timeless View \$1,623,002
3. 5502,10,18,26,34,42 Timeless View \$1,619,624
4. 5506,14,22,30,38,46 Timepiece Point \$1,603,164
5. 5521,29,37,45 Timepiece Point \$1,066,271

kls