

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)6/7/2017

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 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 105 Colorado Springs CO 80904	CONTACT NAME: PHONE (A/C, No, Ext): 719-228-1070 E-MAIL ADDRESS: PRODUCER			
	CUSTOMER ID #: SUNDTOW-01	T		
	INSURER(S) AFFORDING COVERAGE	NAIC#		
INSURED	INSURER A: Endurance America Specialty			
Sundial Townhomes Homeowners Association c/o Balanced Bookkeeping	INSURER B: Continental Casualty Company	20443		
P.O. Box 25696	INSURER C: PMA Companies			
Colorado Springs CO 80936	INSURER D: Underwriters at Lloyd's, London			
	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 709462400 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.

TYPE OF INSURANCE			POLICY NUMBER			LIMIT	s
GENERAL LIABILITY			BINDERCBC20002267800	5/27/2017	5/27/2018	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
X POLICY PRO- JECT LOC						Hired/Non Owned Auto	\$Included
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
NON-OWNED AUTOS							\$
							\$
X UMBRELLA LIAB X OCCUR			CUE6043180478	5/27/2017	5/27/2018	EACH OCCURRENCE	\$5,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DEDUCTIBLE							\$
X RETENTION \$0							\$
WORKERS COMPENSATION			2017010889469Y	5/27/2017	5/27/2018	WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Blanket Building Limit			BINDERlhpq7374470	5/27/2017		\$7,031,610	\$5,000 Deductible
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- PRO- PRO- PRO- PRO- AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROPERTION SOURCE AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below BINDER1hpq7374470	TYPE OF INSURANCE GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION \$0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A PROPERTION FOR PERSITE AND AND EMPLOYERS' LIABILITY N/A PROPERTION SO BINDERCBC 20002267800 5/27/2017 S/27/2017 CUE6043180478 5/27/2017 S/27/2017 AND EMPLOYERS' LIABILITY N/A BINDERLIADAY S/27/2017 S/27/2017	TYPE OF INSURANCE NSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY)	COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR CENTRA AGGREGATE LIMIT APPLIES PER: X POLICY PET LOC ANY AUTO ALL OWNERD AUTOS CLAIMS-MADE X OCCUR HIRED AUTOS NON-OWNED AUTOS NON-OWNED AUTOS MON-OWNED AUTOS CLAIMS-MADE X OCCUR EXCESS LIAB X OCCUR

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

Total number of Units: 27

See Attached...

CERTIFICATE HOLDER	CANCELLATION		
	SHOULD ANY OF TH		

 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

Callisil

AGENCY	CUSTOMER ID	: SUNDTOW-01
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LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CB Insurance, LLC		NAMED INSURED Sundial Townhomes Homeowners Association c/o Balanced Bookkeeping			
POLICY NUMBER		P.O. Box 25696 Colorado Springs CO 80936			
CARRIER	NAIC CODE				
		EFFECTIVE DATE:			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM NUMBER: 25

Fidelity Policy Named Insured Includes Property Management Company:

Balanced Bookkeeping

P.O. Box 25696

Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty

INSURER: Continental Casualty Company

POLICY NUMBER:618733282

LIMIT: \$100,000

DED: \$1,000 POLICY DATES: 5/27/17 - 5/27/18

COVERAGE: Directors & Officers Liability INSURER: Continental Casualty Company

POLICY NUMBER: 618733282

LIMIT: \$1,000,000 DED: \$1,000

POLICY DATES: 5/27/17 - 5/27/18

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.

Ordinance or Law is included.

A - Undamaged Portion of Building is included in Building Limit

B&C - Demolition Cost & Increased Cost of Construction Combined is \$300,000

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