

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2016

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	CONTACT NAME:				
CB Insurance, LLC 1 South Nevada Ave., Suite 105	PHONE (A/C, No, Ext): 719-228-1070 (A/C, No): 719-2	;, No): 719-228-1071			
Colorado Springs CO 80903	E-MAIL ADDRESS:				
	PRODUCER CUSTOMER ID #: SUNDTOW-01				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	INSURER A: Pinnacol Assurance	41190			
Sundial Townhomes Homeowners Association % Balanced Bookkeeping	INSURER B: Holyoke Mutual Insurance Co-in Sale				
P.O. Box 25696	INSURER C: Great American Insurance Company (G				
Colorado Springs CO 80936	INSURER D:				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 918534272 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.

ISR	NSR ADDL SUBR POLICY EFF POLICY EXP							
TR	TYPE OF INSURANCE	INSR W	VVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY		WA020015283100	5/27/2016	5/27/2017	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						\$	
3 4	AUTOMOBILE LIABILITY		WA020015283100	5/27/2016	5/27/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS						\$	
							\$	
	X UMBRELLA LIAB X OCCUR		UM384279430066095	5/27/2016	5/27/2017	EACH OCCURRENCE	\$5,000,000	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
	DEDUCTIBLE						\$	
	X RETENTION \$0						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		4124629	6/1/2016	6/1/2017	WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)	13 / A				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		WA020015283100	5/27/2016	5/27/2017	REPLACEMENT COST \$6,669,048	\$5,000 DED	

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

Total number of Units: 27

See Attached...

 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

Sandra Mc Mallie

GENCY CUSTOMER II	D: SUNDTOW-01
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LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY CB Insurance, LLC	NAMED INSURED Sundial Townhomes Homeowners Association % 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 NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

\$10,000 per Building W/H Deductible

Fidelity Policy Named Insured Includes Property Management Company:

Balanced Bookkeeping

PO Box 25696

Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: MiddleOak/Holyoke Mutual Insurance

POLICY NUMBER: WA020015283100

LIMIT: \$100,000 DED: \$5,000

POLICY DATES: 5/27/2016 To 5/27/2017

COVERAGE: Directors & Officers Liability

INSURER: Great American Insurance

POLICY NUMBER: EPP566654713

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

POLICY DATES: 5/27/2016 To 5/24/2017

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 includes the structure, all permanent attachments and extends to improvements or upgrades. This shall include, but not limited to, real property located inside individual units, such as interior walls, paint, wall paper, wall to wall carpeting, countertops, cabinetry, interior trim, fireplaces and light fixtures.

Locations must be shown on policy for coverage to apply. Severability of Liability is included.

Ordinance and Law is included.