

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/19/2023

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).

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PRODUCER		CONTACT NAME: EOI Direct			
USI Insurance Services, LLO	C	PHONE (A/C, No, Ext): 877-456-3643	FAX (A/C, No):		
One South Nevada Avenue, Si	uite 230	E-MAIL ADDRESS: help@eoidirect.com			
Colorado Springs, CO 80903		INSURER(S) AFFORDING COVERAGE	NAIC#		
(719) 228-1070		INSURER A: Great American Alliance Ins	urance Co		
INSURED		INSURER B: Continental Insurance Company			
Sundial Townhomes Homeowne	rs Association	INSURER C: PMA Companies			
c/o Balanced Bookkeeping		INSURER D: Continental Casualty Company	У	20443	
PO BOX 25696		INSURER E: SiriusPoint			
COLORADO SPRINGS, CO 80936		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	PEVISION NII	MRED.		

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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
А	Χ	COMMERCIAL GENERAL LIABILITY			PAC313981600	5/27/2023	5/27/2024	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Hired/Non-Owned	\$ Included
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
E	Χ	UMBRELLA LIAB X OCCUR			UMB22008186	5/27/2023	5/27/2024	EACH OCCURRENCE	\$5,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$
С		KERS COMPENSATION EMPLOYERS' LIABILITY			202201-08-89-46-9Y	5/27/2023	5/27/2024	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	datory in NH)	,,					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Cr	me/Fidelity/Emp Dis			618733282	5/27/2023	5/27/2024	\$150,000 Limit - \$	1,000 Deductible
D	Con	m Asso Liab (D&O)/EPL			618733282	5/27/2023	5/27/2024	\$1,000,000 Per Cla	im/Aggregate
								\$1,000 Retention	
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedule, may b	e attached if mor	e space is require	ed)	

MASTER CERTIFICATE FOR INFO ONLY, ., N/A, CO 00000-0000

MASIER CERTIFICATE FOR INFO ONLY, ., N/A, CO 00000-0000

See Attached...

CERTIFICATE HOLDER	CANCELLATION
MASTER CERTIFICATE N/A. CO 00000-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Loan Number: N/A	AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID	: SUNDITOW
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LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED		
USI Insurance Services		Sundial Townhomes Homeowners Association		
POLICY NUMBER		c/o Balanced Bookkeeping		
		PO Box 25696		
CARRIER NAIC CODE		Colorado Springs, CO 80936		
		EFFECTIVE DATE: 05/27/2023		

ADDITIONAL REMARKS

	ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
	FORM NUMBER: FORM TITLE:				

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured:

Balanced Bookkeeping

PO Box 25696

Colorado Springs, CO 80936

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers.

COVERGE: Property

INSURER: Great American Alliance Insurance Company

POLICY NUYMBER: PAC313981600 POLICY DATES: 05/27/2023 to 05/27/2024

Buildings Limit: \$ Deductible: \$5,000

Wind/Hail Coverage is included. Wind/Hail Deducible: 5%

of Units: 27 # of Buildings: 5

Guaranteed Replacement Cost with no dollar limit or percentage cap applies.

100% Replacement Cost applies up to the buildings limit.

No Coinsurance. Agreed Value.

Special causes of loss excluding earthquake and flood.

Subject to policy limits and exclusions.

Equipment Breakdown/Boiler & Machinery included.

Ordinance and Law is included:

- A Undamaged Portion of Building is included in Building Limit
- B Demolition Cost is 25% of Building Limit (\$1,000,000 maximum)
- C Increased Cost of Construction Combined is 25% of Building Limit (\$1,000,000 maximum)

Inflation Guard is not included on policy. Limits are reviewed annually to ensure adequate building coverage on the project.

Waiver of Subrogation in favor of unit owner applies. Severability of Liability (Separation of Insureds) is included.

Locations must be shown on policy for coverage to apply. This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated projects.

If Mortgage is listed as Certificate Holder, then Holder is recognized as Mortgagee.

*****PLEASE READ*****

Insurance is for Building structure and common areas for which the Association has requirement to insure per the governing documents. The governing documents showing the insurance requirement for the Association can only be provided by the Unit Owner or the Community Manger. Each Unit Owner or their Tenant may be required to carry and HO6 (Owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses covered by Policy (All addresses are Colorado Springs, CO 80915)

*Street Address *Building Limit *Number of Units

5501, 5509, 5517, 5525, 5533 Timeless View - \$2,114,155 - 5 units

5550, 5558, 5566, 5574, 5582, 5590 Timeless View - \$2,533,665 - 6 units

5502, 5510, 5518, 5526, 5534, 5542 Timeless View - \$2,538,334 - 6 units

5506, 5514, 5522, 5530, 5538, 5546 Timepiece Point - \$2,538,000 - 6 units

5521, 5529, 5537, 5545 Timepiece Point - \$1,694,972 - 4 units

Cancellation - 10 days prior to cancellation date