

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/27/2018

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.

	REFRESENTATIVE ON FRODUCER, AND THE CERTIFICATE HOLDER.											
the	e te	RTANT: If the certificate holder rms and conditions of the policities and conditions of the policities and conditions are the conditions.	y, cer	tain p	policies may require an er							
PROD			7130111	ciit(s)•	CONTA	СТ					
		urance, LLC				NAME:	-10.00		FAX			
1 South Nevada Ave., Suite 105						PHONE (A/C, No, Ext): 719-228-1070 FAX (A/C, No): 7				<u>: 719-22</u>	719-228-1071	
Col	ora	do Springs CO 80903				ADDRE	SS:					
						CUSTO	MER ID #: MOL	JNOAK-01			ı	
							INS	SURER(S) AFFOR	DING COVERAGE		NAIC #	
INSUF				4		INSURE	RA: Sirius Ar	merican Insur	ance Company			
The Mountain Oaks Homeowners Association 6510 S. Academy Blvd., Ste. A #310						INSURER B:						
		do Springs CO 80906				INSURER C:						
		3				INSURER D :						
						INSURE						
						INSURE						
COV	ÆR	AGES CE	RTIF	CAT	E NUMBER: 80323684				REVISION NUMBER:			
		TO CERTIFY THAT THE POLICI				HAVE E	BEEN ISSUE			FOR T	HE POLICY	
PERI TO V	OD /HI	INDICATED. NOTWITHSTANDI CH THIS CERTIFICATE MAY BE THE TERMS, EXCLUSIONS AND	NG AN	IY RE	QUIREMENT, TERM OR C R MAY PERTAIN, THE INS	CONDIT	TION OF ANY CE AFFORDE	CONTRACT THE P	OR OTHER DOCUME OLICIES DESCRIBED I	NT WITH HEREIN	RESPECT IS SUBJECT	
INSR LTR		ADDLISUBR		POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMIT:		TS				
A	GEI	NERAL LIABILITY	11401	1111	2841132		4/26/2018	4/26/2019	EACH OCCURRENCE	\$ 1,000	000	
ı	Х	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0		
ŀ		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$ 5,000		
ŀ		CLAIMS-MADE CCCOR							` '			
ŀ			-						PERSONAL & ADV INJURY	\$ Includ		
ŀ]	-						GENERAL AGGREGATE	\$ 3,000		
ŀ		N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ Exclu		
	Х	POLICY JECT LOC							Hired&Nonowned Auto	\$ Includ	ed	
}	AU	OMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$		
ŀ									BODILY INJURY (Per person)	\$		
ŀ		ALL OWNED AUTOS							BODILY INJURY (Per acciden) \$		
ł		SCHEDULED AUTOS HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
ı		NON-OWNED AUTOS								\$		
ŀ										\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
}		EXCESS LIAB CLAIMS-MA	ne l						AGGREGATE	\$		
ŀ		CLAIIVIS-IVIA	<i></i>						AGGNEGATE	\$		
ŀ		DEDUCTIBLE								\$		
	wo	RETENTION \$ RKERS COMPENSATION							WC STATU- OTH	7		
	ANI	D EMPLOYERS' LIABILITY	N									
		PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		

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

2841132

See Attached...

Association Covered Property

OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

CERTIFICATE HOLDER	CANCELLATION
MASTER CERTIFICATE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Sandia Mc Mallie

4/26/2018

4/26/2019

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Replacement Cost \$20,700 \$

\$1,000 DED

AGENCY CUSTOMER ID:	: MOUNOAK-01
---------------------	--------------

LOC #: ____

®
ACORD

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CB Insurance, LLC	NAMED INSURED The Mountain Oaks Homeowners Association 6510 S. Academy Blvd., Ste. A #310 Colorado Springs CO 80906		
POLICY NUMBER			
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

COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: Sirius American Insurance Company POLICY NUMBER: 2841132 LIMIT: \$50,000 DED: \$1,000 POLICY DATES: 4/26/2018 To 4/26/2019

COVERAGE: Directors & Officers Liability INSURER: Continental Casualty Company POLICY NUMBER: 0619079656 LIMIT: \$1,000,000 DED: \$1,000 AGGREGATE: \$1,000,000 POLICY DATES: 4/26/2018 To 4/26/2019

COVERAGE: Volunteer Accident INSURER: QBE Insurance POLICY NUMBER: NHH000497 LIMIT: \$25,000

POLICY DATES: 4/26/2018 To 4/26/2019

ΑТ