

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/3/2022

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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	DUCER				CONTA NAME:	^{СТ} Monnica S	proles			
USI Insurance Services, LLC 8000 Norman Center Drive, Suite 1000 Bloomington, MN 55437				PHONE (A/C, No, Ext): 952-243-0989 FAX (A/C, No): 610-537-9630						
					E-MAIL ADDRESS: monnica.sproles@usi.com					
	3							RDING COVERAGE		NAIC#
					INSURE			nce Company		38776
INSURED WINDJHOM1				INSURER B: Fireman's Fund Insurance Company					21873	
Windjammer Homeowner's Association				INSURER C: Pinnacol Assurance Company				41190		
8135 Helm Court Colorado Springs, CO 80920				INSURER D:						
	gs,				INSURE					
					INSURE					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 2133351423				REVISION NUMBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY REERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X COMMERCIAL GENERAL LIABILITY			2847936		12/17/2021	12/17/2022	EACH OCCURRENCE \$1,000,000		,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	000
								MED EXP (Any one person)	\$5,000)
								PERSONAL & ADV INJURY	\$ Includ	ded
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,000	0,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:							Hired/Non Owned Auto	\$ Includ	bet
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
	ACTOS CINET							(v ov doordon)	\$	
В	X UMBRELLA LIAB X OCCUR			USL01482121U		12/17/2021	12/17/2022	EACH OCCURRENCE	\$ 1,000	0,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000	0,000
	DED RETENTION \$								\$	
С	WORKERS COMPENSATION			4160817		1/1/2022	1/1/2023	X PER OTH-		
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE	PARTNER/EXECUTIVE TIME						E.L. EACH ACCIDENT	\$ 1,000	0,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$ 1,000	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000	0,000
A	Association Covered Property Common Areas			2847936		12/17/2021	12/17/2022	Replacement Cost \$534,155 Limit		00 Deductible 000 W/H Ded.
If N limi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL lortgagee is listed as Certificate Holder, ts and exclusions. cations must be shown on policy for cove	then	Holde	er is recognized as Mortga					l. Subje	ct to policy
	verability of Liability is included.	3.		. ,						
	uipment Breakdown is included up to \$29 e Attached	5,000	-							
CE	RTIFICATE HOLDER				CANO	CELLATION				
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	MASTER CERTIFICATE				AUTHORIZED REPRESENTATIVE					

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н	GENCI	CUSTOMER	ID:	

LOC #:

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ACORD	

ADDITIONAL REMARKS SCHEDULE

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AGENCY USI Insurance Services, LLC		NAMED INSURED Windjammer Homeowner's Association 8135 Helm Court	
POLICY NUMBER	Colorado Springs, CO 80920		
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	
ADDITIONAL DEMARKS			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER	25	FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE						

COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: Sirius America Insurance Company POLICY NUMBER: 2847936 LIMIT: \$185,000 DED: \$1,000 POLICY DATES: 12/17/2021 To 12/17/2022

COVERAGE: Directors & Officers Liability INSURER: Cincinnati Insurance Company POLICY NUMBER: EMO0516659 LIMIT: \$1,000,000 DED: \$1,000 AGGREGATE: \$1,000,000 POLICY DATES: 12/17/2021 To 12/17/2022

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

100% Replacement Cost applies up to the limit
Waived Coinsurance/Agreed Value
Wind/Hail Coverage is included
Waiver of Subrogation in favor of owners applies
This is the only complex covered under the policies listed on the certificate.

Cancellation - 10 days prior to cancellation date

DAM