



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2024

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).

PRODUCER CCI 155 Inverness Drive West Englewood CO 80112 License#: 45339 WINDHOM-01	CONTACT NAME: PHONE (A/C No. Ext): 303-799-0110 FAX (A/C, No): 303-799-0156 E-MAIL ADDRESS: certificate@thinkccig.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Windjammer Homeowners Association P.O. Box 62121 Colorado Springs CO 80962	INSURER A: United States Liability Ins Co 25895	
	INSURER B: Pinnacol Assurance 41190	
	INSURER C: Travelers Casualty and Surety 31194	
	INSURER D: The Cincinnati Casualty Compan 28665	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1760490022 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP1616392B	12/17/2024	12/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			XL1635514A	12/17/2024	12/17/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	4160817	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime/Fidelity/Employee Dishonest			107965908	12/27/2023	12/27/2026	Deductible: \$2,500 \$235,000 Retention: \$1,000 \$1,000,000
D	Directors & Officers Liability			EMO0516659	12/17/2024	12/17/2025	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Crime and D&O listed on the first page with policy date/limits/deductibles

Crime/Fidelity/Employee Dishonesty policy includes coverage for the Board Members and Volunteers

COVERAGE: Business Personal Property & Association Owned Outdoor Property
 POLICY CARRIER: United States Liability Insurance Co.
 POLICY NUMBER: NPP1616392B
 POLICY DATES: 12/17/2024-12/17/2025
 See Attached...

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.
	AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY CCIG		NAMED INSURED Windjammer Homeowners Association P.O. Box 62121 Colorado Springs CO 80962	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

COVERAGE LIMIT: \$504,000
 DEDUCTIBLE: \$1,000 (Except for the Sign-\$500 Deductible)
 WIND/HAIL COVERAGE INCLUDED: \$2,500

Replacement Cost applies up to the property limits
 Coinsurance - 80%
 Special Causes of Loss excluding Earthquake and Flood
 Subject to policy limits and exclusions.
 Inflation Guard is not included on policy. Limits are reviewed/reassessed annually to ensure adequate building coverage on project.
 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.
 Severability of Liability (Separate of Insureds) is included.

Location Addresses covered by Policy
 8165 Brigantine Dr.; Colorado Springs, CO 80920
 Business Personal Property Limit: \$ 8,000
 Association Owned Outdoor Property: \$496,000

Total Insured Limit: \$504,000

Cancellation – 10 days prior to cancellation date.