



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2025

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 CCIG 155 Inverness Drive West Englewood CO 80112	CONTACT NAME: PHONE (A/C, No. Ext): 303-799-0110 E-MAIL ADDRESS: certificate@thinkccig.com	FAX (A/C, No): 303-799-0156
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United States Liability Ins Co		25895
INSURER B: Pinnacol Assurance		41190
INSURER C: Travelers Group		24775
INSURER D: The Cincinnati Insurance Compa		10677
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 1250119006**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	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			NPP1616392C	12/17/2025	12/17/2026	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 \$ Included \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☒ RETENTION \$ 0	☐ OCCUR ☐ CLAIMS-MADE		XL1635514C	12/17/2025	12/17/2026	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	N/A	4160817	1/1/2025	1/1/2026	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D	Crime/Fidelity/Employee Dishonest Directors & Officers Liab			107965908 EMO0516659	12/27/2025 12/17/2025	12/27/2026 12/17/2026	Deductible: \$2,500 Retention: \$1,000 \$235,000 \$1,000,000

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

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: NPP1616392C
POLICY DATES: 12/17/2025-12/17/2026
COVERAGE LIMIT: \$504,000
DEDUCTIBLE: \$1,000 (Except for the Sign-\$500 Deductible)
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate of Insurance

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CCIG		NAMED INSURED Windjammer Homeowners Association P.O. Box 62121 Colorado Springs CO 80962
POLICY NUMBER		
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

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.

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

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents

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.