

CERTIFICATE OF LIABILITY INSURANCE

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 any rights to the certificate holder in lieu of such endorsement(s).

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| PRODUCER USI Insurance Services, LLC 8000 Norman Center Drive, Suite 400 Bloomington, MN 55437 | CONTACT NAME: Hannah Hill |
| | PHONE (A/C, No, Ext): 952-243-0989 FAX (A/C, No): 952-945-9477 E-MAIL ADDRESS: hannah.hill@usi.com |
| INSURED Vista Mesa Homeowners Association c/o Balanced Bookkeeping P.O. Box 25353 Colorado Springs, CO 80936 | INSURER(S) AFFORDING COVERAGE NAIC # |
| | INSURER A : SiriusPoint America Insurance Company 38776 |
| | INSURER B : Pinnacol Assurance Company 41190 |
| | INSURER C : |
| | INSURER D : |
| | INSURER E : |

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 | ADDL INSR | 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: | | | 2846657 | 10/22/2022 | 10/22/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ HNOA \$ Included |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | 4108768 | 11/01/2022 | 11/01/2023 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 |
| A | Association Covered Property | | | 2846657 | 10/22/2022 | 10/22/2023 | Replacement Cost \$53,000 \$1,000 Deductible |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Special causes of loss excluding earthquake and flood. Subject to policy limits and exclusions.

Locations must be shown on policy for coverage to apply.

Severability of Liability is included.
(See Attached Descriptions)

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| CERTIFICATE HOLDER <p style="text-align: center;">MASTER CERTIFICATE</p> | CANCELLATION 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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DESCRIPTIONS (Continued from Page 1)

Equipment Breakdown is included up to \$25,000.

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

Balanced Bookkeeping
P.O. Box 25353
Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty
INSURER: Sirius America Insurance Company
POLICY NUMBER: 2846657
LIMIT: \$100,000 DED: \$1,000
POLICY DATES: 10/22/2022 To 10/22/2023

COVERAGE: Directors & Officers Liability
INSURER: Continental Casualty Company
POLICY NUMBER: 618647440
LIMIT: \$1,000,000 DED: \$1,000
AGGREGATE: \$1,000,000
POLICY DATES: 10/22/2022 To 10/22/2023

*****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