



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/19/2015

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 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 CB Insurance, LLC 1 South Nevada Ave., Suite 105 Colorado Springs CO 80903		CONTACT NAME: PHONE (A/C No. Ext): 719-228-1070 E-MAIL ADDRESS: PRODUCER: CUSTOMER ID #: VJSTMES-01		FAX (A/C No.): 719-228-1071	
INSURED Vista Mesa Homeowners Association Inc P O Box 25353 Colorado Springs CO 80936		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Auto-Owners Insurance Group (CL)		41190	
		INSURER B: Pinnacle Assurance			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1560389119

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/SUBR INSR LTR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE <input type="checkbox"/> OCCUR			74032435	10/22/2015	10/22/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/POP AGG \$
A	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			74032435	10/22/2015	10/22/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	UMBRELLA LIAB						\$
	EXCESS LIAB						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) N/A DESC: Describe Under Description of Operations below			4108768	11/1/2015	11/1/2016	WC STATUS TORT LIMITS OTH-ER EL. EACH ACCIDENT \$100,000 EL. DISEASE - EA EMPLOYEE \$100,000 EL. DISEASE - POLICY LIMIT \$500,000
A	Association Covered Property			74032435	10/22/2015	10/22/2016	\$48,000 \$2,500 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. Locations must be shown on policy for coverage to apply.

See Attached...

CERTIFICATE HOLDER

CANCELLATION

MASTER CERTIFICATE
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX XX XXXXX

AUTHORIZED REPRESENTATIVE
Sandra McNellie

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



ADDITIONAL REMARKS SCHEDULE

AGENCY CB Insurance, LLC		NAMED INSURED Vista Mesa Homeowners Association Inc	
POLICY NUMBER		P O Box 25353	
CARRIER		Colorado Springs CO 80936	
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

Fidelity Policy Named Insured Includes Property Management Company:
 Balanced Bookkeeping
 PO Box 25353
 Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty
 INSURER: Auto Owners
 POLICY NUMBER: 74032435 DED: \$500
 LIMIT: \$100,000
 POLICY DATES: 10/22/2015 To 10/22/2016

COVERAGE: Directors & Officers Liability
 INSURER: Travelers Insurance
 POLICY NUMBER: 1000086823101 DED: \$1,000
 LIMIT: \$1,000,000
 POLICY DATES: 10/22/2014 To 10/22/2015

apg