

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2017

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	CONTACT NAME:			
CB Insurance, LLC 1 South Nevada Ave., Suite 105 Colorado Springs CO 80903	PHONE (A/C, No, Ext): 719-228-1070 (A/C, No): 719		28-1071	
	E-MAIL ADDRESS:			
	PRODUCER CUSTOMER ID #: VISTMES-01			
	INSURER(S) AFFORDING COVERAGE		NAIC#	
INSURED	INSURER A: Pinnacol Assurance		41190	
Vista Mesa Homeowners Association P O Box 25353 Colorado Springs CO 80936	INSURER B: Sirius American Insurance Company			
	INSURER C:			
	INSURER D:			
	INSURER E :			
	INSURER F:		<u> </u>	

COVERAGES CERTIFICATE NUMBER: 1809264511 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Y) LIMITS	
В	GENERAL LIABILITY			BINDER2846657	10/22/2017	10/22/2018	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$Included
							GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$Excluded
	X POLICY PRO- JECT LOC						Hired&Nonowned Auto	\$Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4108768	11/1/2017	11/1/2018	WC STATU- OTH- TORY LIMITS ER	
	AND EMPLOYERS LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	14774					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
В	Association Covered Property			BINDER2846657	10/22/2017	10/22/2018	\$48,000	\$2,500 DED
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks Schedule	e, if more space i	s required)		

See Attached..

ERTIFICATE HOLDER	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

Sandra Mc Mallie

AGENCY	CUSTOMER	ID: VISTMES-0)1
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LOC #:



ADDITIONAL REMARKS SCHEDULE

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

Fidelity Policy Named Insured Includes Property Management Company:

Balanced Bookkeeping

PO Box 25353

Colorado Springs, CO 80936

COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: Sirius America Insurance Company

POLICY NUMBER: BINDER2846657

LIMIT: \$100,000 DED: \$2,500

POLICY DATES: 10/22/2017 To 10/22/2018

COVERAGE: Directors & Officers Liability INSURER: Continental Casualty Company

POLICY NUMBER: 618647440

LIMIT: \$1,000,000 DED: \$1,000

POLICY DATES: 10/22/2017 To 10/22/2018

ΑT