



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/11/2024

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 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).

<b>PRODUCER</b> Leavitt Group of Colorado P.O. Box 5002 100 Premium Way Alamosa CO 81101	<b>CONTACT NAME:</b> Maura Rodriguez <b>PHONE (A/C, No, Ext):</b> (719)589-3611 <b>FAX (A/C, No):</b> (866)849-4199 <b>E-MAIL ADDRESS:</b> maura-rodriguez@leavitt.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Acuity A Mutual Insurance Company</td> <td>14184</td> </tr> <tr> <td>INSURER B: Pinnacol Assurance</td> <td>41190</td> </tr> <tr> <td>INSURER C: Great American Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acuity A Mutual Insurance Company	14184	INSURER B: Pinnacol Assurance	41190	INSURER C: Great American Insurance Co.		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Arbors At Mountain Shadows Condominium Owners Association, Inc 2192 Denton Grove Colorado Springs CO 80919														

**COVERAGES** **CERTIFICATE NUMBER: 24/25** **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:			ZP8328	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZP8328	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	4097794	12/1/2023	12/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Policy			ZP8328	1/1/2024	1/1/2025	see below
C	Directors & Officers			EPPE456396-04	09/11/2023	09/11/2024	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Building Limit refer to attached. 10,000 deductible with 5% wind/hail deductible. No coinsurance. Replacement cost, Special form perils. Ordinance or Law Coverage A: Included with Building Coverage. Ordinance or Law Coverage: Demolition Cost \$250,000/Increased Cost of Construction \$250,000. Equipment Breakdown coverage included. Unit owner is responsible for their own insurance to include personal liability, all furnishings, fixtures, etc. This is a summary of coverage only and does not replace an actual insurance policy. Coverage is subject to the terms, conditions, and exclusions on the insurance policies. THIS CERTIFICATE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

<b>CERTIFICATE HOLDER</b>  Arbors at Mountain Shadows Condominium Owners Association, Inc. Proof of Insurance 2192 Denton Grove Colorado Springs, CO	<b>CANCELLATION</b>  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  D Arellano/MARODR 
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**PROPERTY COVERAGES PROVIDED**

Form: Deluxe

<b>Coverage Item</b>	<b>Premises Number</b>	<b>Building Number</b>	<b>Valuation Basis</b>	<b>Limit of Insurance</b>	<b>Automatic Increase Percentage</b>
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	001	001	Replacement Cost	\$1,121,190	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	002	001	Replacement Cost	\$1,651,230	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	003	001	Replacement Cost	\$1,651,230	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	004	001	Replacement Cost	\$1,651,230	8%

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Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	005	001	Replacement Cost	\$1,651,230	8%
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Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	009	001	Replacement Cost	\$1,121,190	8%
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Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	012	001	Replacement Cost	\$1,121,190	8%
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Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	014	001	Replacement Cost	\$1,121,190	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	015	001	Replacement Cost	\$1,121,190	8%

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Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	017	001	Replacement Cost	\$1,651,230	8%
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Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	019	001	Replacement Cost	\$1,121,190	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	020	001	Replacement Cost	\$1,651,230	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	021	001	Replacement Cost	\$1,651,230	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	022	001	Replacement Cost	\$1,651,230	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	023	001	Replacement Cost	\$1,121,190	8%
Building Condominium with Ordinance Law Coverage A Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	024	001	Replacement Cost	\$1,651,230	8%
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Building with Ordinance or Law Coverage A	028	001	Replacement Cost	\$434,535	8%
Business Personal Property Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	028	001	Replacement Cost	\$50,000	4%
Business Personal Property - Property in the Open Deductible: \$10,000 Optional Coverages Deductible: \$500 Wind/Hail Deductible: 5%	028	002	Replacement Cost	\$100,000	4%

**NOTICE:**

**WITH RESPECT TO ASSOCIATION LIABILITY COVERAGE PART, THIS IS A CLAIMS MADE POLICY AND, SUBJECT TO ITS PROVISIONS, APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE NAMED ENTITY INSUREDS DURING THE POLICY PERIOD. NO COVERAGE EXISTS FOR CLAIMS FIRST MADE AFTER THE END OF THE POLICY PERIOD UNLESS, AND TO THE EXTENT THAT, THE EXTENDED REPORTING PERIOD APPLIES.**

**THE CRIME COVERAGE PART APPLIES TO A COVERED LOSS SUSTAINED RESULTING FROM ACTS OR EVENTS OCCURRING DURING THE POLICY PERIOD UNLESS CERTAIN CONDITIONS CONCERNING PRIOR INSURANCE ARE MET.**

**DEFENSE COSTS INCURRED UNDER COVERAGE PARTS A REDUCE THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTION. PLEASE REVIEW THE POLICY CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT OR BROKER.**

NAMED ENTITY AND MAILING ADDRESS	NAMED ENTITY NUMBER AND PHYSICAL ADDRESS
Item 1. Arbors at Mountain Shadows Condominium Owners c/o Wyatt Kondris 2192 Denton Grove COLORADO SPRINGS, CO 80919	2192 Denton Grove COLORADO SPRINGS, CO 80919
POLICY NUMBER	INSURER
619051016	Continental Casualty Company CNA Center, 151 North Franklin Street Chicago, IL 60606

Item 2. **Policy Period:** 01/01/2024 to 01/01/2025  
 12:01 a.m. local time at the address stated in Item 1.

Item 3. **Policy Premium:** \$748.00

**Total Amount Due:** \$748.00

Item 4. Notices to Insurer:

**Claims:**  
 CNA – Community Association Claims Reporting  
 P.O. Box 8317  
 Chicago, IL 60680-8317  
  
 Email: newlossnfca@cna.com

All other notices:  
 Ian H. Graham Insurance, a division of  
 Affinity Insurance Services, Inc.  
 Managing General Underwriter  
 15303 Ventura Boulevard, 12th Floor  
 Sherman Oaks, CA 91403

Item 5. Coverage:

This Policy is issued with the Limits of Liability and Retentions set forth, subject to the Prior or Pending Date, if applicable all as set forth in the schedule below.

**Defense Costs** are included within the applicable limit of liability for **Association Liability Coverage Part**. Defense costs are neither covered nor included within the applicable limits(s) of liability for the **Crime Coverage Part**.



This Policy includes *only* those coverages designated with a "Yes" as "Included" in column ① of the Coverage Schedule set forth below. *If neither "Yes" or "No" is designated for a Coverage Part or a specific Crime Coverage Part Insuring Agreement, such Coverage Part or specific Crime Coverage Part Insuring Agreement is not included.*

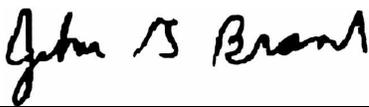
COVERAGE PART	① INCLUDED (YES OR NO)	② SCHEDULED LIMITS OF LIABILITY	③ SCHEDULED RETENTIONS	④ PRIOR OR PENDING DATE
Association Liability	No	Aggregate Limit of Liability for all <b>Loss</b> paid on behalf of all <b>Named Entity Insureds</b> for all <b>Claims</b> first made during each <b>Policy Period</b> .		
Crime:		\$ per loss		<i>Not Applicable</i>
Insuring Agreement 1: Employee Dishonesty	Yes	\$500,000	\$1,000	
Insuring Agreement 2: Forgery or Alteration	Yes	\$500,000	\$1,000	
Insuring Agreement 3: Theft, Disappearance and Destruction	Yes	\$500,000	\$0	
Insuring Agreement 4: Computer Fraud and Wire Transfer Fraud	Yes	\$500,000	\$1,000	

Item 6. Any natural person or entity property manager hired by the **Named Entity** to provide **Property Management Services**.

Item 7. Endorsements forming a part of this Policy at issuance:

- G-145126-A (8/03)                      Policyholder Notice Economic and Trade Sanctions Conditions
- G-145170-AC (6/03)                  Community Association Policy General Terms and Conditions
- G-145172-A (6/03)                  Commercial Crime Coverage Part
- GSL-8400-XX (2/10)                  Amend Commercial Crime Coverage Part
- CNA-82731-XX (6/15)                Money Orders and Counterfeit Paper Currency Coverage
- CNA-82732-XX (6/15)                Change From Loss Sustained To Loss Discovered Endorsement
- CNA-82733-XX (6/15)                Robbery and Safe Burglary Clarification Endorsement
- CNA-82735-XX (6/15)                Claims Expense Coverage For All Insuring Agreements Endorsement
- CNA-85627-XX (5/16)                Social Engineering Fraud Endorsement
- CNA-90994-XX (1/18)                Amend Insuring Agreement Endorsement
- GSL-35080-XX (5/11)                Include Designated Book Keepers and Accountants as Employees - Employee Theft Only
- G-145127-A05 (6/03)                Cancellation and Nonrenewal Endorsement - Colorado
- G-145129-A05 (6/03)                Amendatory Changes - Colorado

These Declarations, along with the completed and signed **Application**, the Policy, and any written endorsements attached shall constitute the contract between the **Named Entity Insureds** and the Insurer.

  
 Authorized Representative: \_\_\_\_\_  
 Date: \_\_\_\_\_ 10/18/2023