

## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)** 02/05/2024

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 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).

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PRODUCER		CONTACT NAME: EOI Direct					
USI Insurance Services, LL	C	PHONE (A/C, No, Ext): 877-456-3643	FAX (A/C, No):				
One South Nevada Avenue, S	uite 230	E-MAIL ADDRESS: help@eoidirect.com					
Colorado Springs, CO 80903		INSURER(S) AFFORDING COVERAGE		NAIC#			
(719) 228-1070 INSURER A: Travelers Indemnity Co of America							
NSURED		INSURER B: Travelers Property Casualty Co of A					
Pine Creek Village Associa	tion, Inc.	INSURER C: PMA Companies INSURER D: Travelers Casualty & Surety Co of A					
c/o Hammersmith Management	, Inc.						
23 Inverness Way E, Ste 20	0	INSURER E :	:				
Englewood, CO 80112		INSURER F:					
COVEDAGES	CEDTIFICATE NUMBED.	DEVISION NII	MRED.				

## 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.

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LTR	TYPE OF INSURANCE		INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIA	BILITY		I6605562C543TIA24	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X	OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIE	S PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO-	LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						Hired/Non-Owned	\$ Included
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCH AUTOS ONLY AUT	EDULED OS					BODILY INJURY (Per accident)	\$
	HIRED NON	-OWNED OS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X	OCCUR		CUP5419Y84A2442	1/1/2024	1/1/2025	EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MAD						AGGREGATE	\$ 5,000,000
	DED X RETENTION \$ 5	,000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2024010954297Y	1/1/2024	1/1/2025	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXEC	UTIVE Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS b	elow					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Fidelity/Crime			107023741	1/1/2024	1/1/2025	\$1,950,000 \$1	9,500 Deductible
D	Directors & Officers			107363869	1/1/2024	1/1/2025	\$1,000,000 \$1	0,000 Retention

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

Master Certificate, XXXXXXXXXXXXXXX, XXXXXXXXXXXXX, CO 80920 See Attached...

CERTIFICATE HOLDER	CANCELLATION
Master Certificate	

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XXXXXXXXXXXXXX, CO 80920

Loan Number: N/A

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



AGENCY	<b>CUSTOMER ID:</b>	PINECRE10
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LOC #:

	R)
ACORD	

## ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED				
USI Insurance Services	Pine Creek Village Association, Inc.				
POLICY NUMBER	c/o Hammersmith Management Inc.				
		23 Inverness Way E, Ste 200			
CARRIER	NAIC CODE	Englewood, CO 80112			
		<b>EFFECTIVE DATE:</b> 01/01/2024			

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ADDITIONAL REMARKS					
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,					
FORM NUMBER: FO	ORM TITLE:				
Fidelity, General Liability, and Dire c/o Hammersmith Management 23 Inverness Way E, Ste 200 Englewood, CO 80112	ectors & Officers Liability policies include Property Management Company as an Insured:				
Crime/Fidelity/Employee Dishones	sty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers				
COVERAGE: Property Insurance INSURER: The Travelers Indemni POLICY NUMBER: I-660-5562C5 POLICY DATES: 01/01/2024 to 0 Blanket Limit: \$5,644,480 Deductible: \$2,500 Wind/Hail Coverage is included. V	ilty Company of America 543-TIA-24 11/01/2025				
building coverage on the project Waiver of Subrogation in favor of This is the only complex covered of Severability of Liability (Separation	earthquake and flood policy. Replacement cost/property values are reassessed/reviewed by the Board of Directors annually to ensure adequate unit owners applies under the policies listed on the certificate - policy does not cover multiple unaffiliated projects				
Outdoor Property - \$5,644,480 Cancellation - 10 days prior to car	ncellation date				