

C1VPERRENOUD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/21/2023

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.

tl	SUBROGATION IS WAIVED, subjecting certificate does not confer rights				ıch end	orsement(s).		, require an endersement			
	DUCER				CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No):						
	uredPartners 2 S. Ulster Street Suite 600										
	ver, CO 80237				E-MAIL ADDRES	SS:					
						INS	URER(S) AFFO	RDING COVERAGE		NAIC #	
					INSURER A : Great American Alliance Insurance Company 26832					26832	
INSU	IRED				INSURER B : Greenwich Insurance Company 22322					22322	
	Redbuck at Sorrel Ranch H	omed	wne	rs Association Inc.	INSURER C : Pennsylvania Manufacturers' Association Insurance Company					12262	
	c/o CPMG 2620 S. Parker Rd. #105				INSURER D : Continental Casualty Company				20443		
	Aurora, CO 80014				INSURE			, , , , , , , , , , , , , , , , , , ,			
					INSURE						
	VERAGES CEF	TIFI	CATI	E NUMBER:	INCORE			REVISION NUMBER:		<u> </u>	
	HIS IS TO CERTIFY THAT THE POLICI				HAVE B	EEN ISSLIED T	O THE INSU		IE POI	ICV PERIOD	
١N	IDICATED. NOTWITHSTANDING ANY F	REQU	IREM	ENT, TERM OR CONDITIO	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPEC	CT TO	WHICH THIS	
	ERTIFICATE MAY BE ISSUED OR MAY								ALL.	THE TERMS,	
INSR	XCLUSIONS AND CONDITIONS OF SUCH		SUBR		DEEN	POLICY EFF	POLICY EXP				
LTR A	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1.000.000	
^	X COMMERCIAL GENERAL LIABILITY								\$	500,000	
	CLAIMS-MADE X OCCUR			S000542413		3/1/2023	3/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000	
								MED EXP (Any one person)	\$	•	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:								\$		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO			S000542413		3/1/2023	3/1/2024	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$		
	ACTOS CINET								\$ \$		
В	X UMBRELLA LIAB X OCCUR								\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE	:		77853		3/1/2023	3/1/2024		\$ \$		
	DED X RETENTION\$)							\$ \$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						3/1/2024	PER X OTH-	Ψ		
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			2023011313097Y		3/1/2023			•	1,000,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE S		1,000,000	
D	Directors & Officers			0251313123		3/1/2023	3/1/2024	E.L. DISEASE - POLICY LIMIT S	\$	1,000,000	
D	Crime			0251313123		3/1/2023	3/1/2024	1,000		750,000	
D	Offine			0231313123		3/1/2023	3/1/2024	1,000		750,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	ile, may b	e attached if more	e space is requi	red)			
CE	RTIFICATE HOLDER				CANC	ELLATION				_	
								ESCRIBED POLICIES BE CA			
	Information Only							HEREOF, NOTICE WILL B CY PROVISIONS.	E DE	LIVERED IN	
	···· -····,					ACCORDANCE WITH THE POLICY PROVISIONS.					

AUTHORIZED REPRESENTATIVE

ACORD®

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page	1	of	1
------	---	----	---

AGENCY AssuredPartners		NAMED INSURED Redbuck at Sorrel Ranch Homeowners Association Inc.		
POLICY NUMBER		2620 S. Parker Rd. #105 Aurora, CO 80014		
SEE PAGE 1		Adiota, CO 00014		
CARRIER NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property Information CARRIER: Great American POLICY #: S000542413 EFFECTIVE: 3/1/2023 - 3/1/2024

LIMIT: \$49,446,489 DEDUCTIBLE: \$10,000

WIND & HAIL DEDUCTIBLE: 5% of Bldg Value

OF UNITS: 135 # OF BUILDINGS: 27

GUARANTEED REPLACEMENT COST Master Policy for Named Insured

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED - Coverage A up to building limit, B&C up to \$1M each

NO COINSURANCE SPECIAL FORM

NO INFLATION GUARD - GRC

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION

OR POOLED PROGRAM

WAIVER OF SUBROGATION APPLIES

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

****** PLEASE READ******

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.