

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER Andy Holloman Agency 6189 Lehman Dr Ste 101 Colorado Springs, CO 80918	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Gold Hill I Homeowners Association Inc 3009 W Colorado Ave Ste D Colorado Springs, CO 80904	INSURERS AFFORDING COVERAGE INSURER A: American Family Insurance INSURER B: Pennsylvania Manufacturers INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <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	05XV854401	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 2,000,000								
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000												
		MED EXP (Any one person) \$ 5,000												
		PERSONAL & ADV INJURY \$ 2,000,000												
		GENERAL AGGREGATE \$ 4,000,000												
		PRODUCTS - COMP/OP AGG \$ 4,000,000												
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	05XV854401	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000								
		BODILY INJURY (Per person) \$ 2,000,000												
		BODILY INJURY (Per accident) \$ 2,000,000												
		PROPERTY DAMAGE (Per accident) \$ 2,000,000												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$								
		OTHER THAN AUTO ONLY: EA ACC AGG \$												
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	05XV854402	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 3,000,000								
		AGGREGATE \$ 3,000,000												
		\$												
		\$												
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	201501-05-83-617Y	04/01/2015	04/01/2016	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">WC STATUTORY LIMITS</td> <td style="width:50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT \$ 100,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE \$ 100,000</td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT \$ 500,000</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT \$ 100,000		E.L. DISEASE - EA EMPLOYEE \$ 100,000		E.L. DISEASE - POLICY LIMIT \$ 500,000	
		WC STATUTORY LIMITS				OTHER								
		E.L. EACH ACCIDENT \$ 100,000												
		E.L. DISEASE - EA EMPLOYEE \$ 100,000												
E.L. DISEASE - POLICY LIMIT \$ 500,000														
A		OTHER Building Coverage	05XV854401	04/01/2015	04/01/2016	Replacement Cost: \$9,201,469 \$10K Ded/2% W/H								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER 	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

AGENCY Andy Holloman Agency		NAMED INSURED Gold Hill I Homeowners Association Inc 3009 W Colorado Ave Ste D Colorado Springs, CO 80904	
POLICY NUMBER 05XV8544		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Coverage: Crime & Fidelity
 Insurer: Continental Casualty Company
 Policy Number: 0598960818
 Limit: \$75,000
 Policy Dates: 04/01/2015 - 04/01/2016

Coverage: Directors & Officers Liability
 Insurer: Continental Casualty Company
 Policy Number: 0598960821
 Limit: \$1,000,000
 Policy Dates: 04/01/2015 - 04/01/2016

Total Number of Units: 77

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.
 We agree to settle covered losses to insured buildings at replacement cost without regard to the limit of insurance.
 Payout to insured is subject to the provisions listed in the Gold Hill I Homeowners Association CC&R's and By-Laws.