



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2023

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 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>		<b>CONTACT NAME:</b> Certificate Department	
Schad Agency		<b>PHONE (A/C, No, Ext):</b> 303-661-0083	<b>FAX (A/C, No):</b> 303-661-0085
433 Summit Blvd Unit 101		<b>E-MAIL ADDRESS:</b> certificate@schadagency.com	
Broomfield CO 80021		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Farmers Insurance - Mid Century Insurance Company	<b>NAIC #</b> 21687
		<b>INSURER B:</b> Greenwich Insurance Company	22322
		<b>INSURER C:</b> Pennsylvania Manufacturer's Association Insurance	12262
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>			
Shady Hollow Townhouses Homeowners Association			
PO Box 2293			
Longmont CO 80502			

**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.

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:	Y		606700356	05/31/2023	05/31/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
A	<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 checked="" type="checkbox"/> NON-OWNED AUTOS	Y		606700356	05/31/2023	05/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		PPP7465655	05/31/2023	05/31/2024	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
C	<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	2023010847772Y	05/31/2023	05/31/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors and officers	Y		606700356	05/31/2023	05/31/2024	Limit: \$2,000,000
A	Fidelity	Y		606700356	05/31/2023	05/31/2024	Limit: \$550,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Essential Community Management PO Box 2293  Longmont CO 80502	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  

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## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> Schad Agency		<b>NAMED INSURED</b> Shady Hollow Townhouses Homeowners Association PO Box 2293	
<b>POLICY NUMBER</b> 606700356		Longmont, CO, 80502	
<b>CARRIER</b> Farmers Insurance - Mid Century Insurance Company	<b>NAIC CODE</b> 21687	<b>EFFECTIVE DATE:</b> 05/31/2023	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

A: Property Information  
 CARRIER: Farmers Insurance  
 EFFECTIVE: 05/31/2023-5/31/2024  
 POLICY: 606700356  
 LIMIT: \$15,502,400  
 DEDUCTIBLE: \$5,000  
 WIND & HAIL DEDUCTIBLE: 5%  
 # OF UNITS: 60  
 # OF BUILDINGS: 7  
 150% EXTENDED REPLACEMENT COST  
 SEVERABILITY OF INTEREST INCLUDED  
 ORDINANCE AND LAW INCLUDED  
 EQUIPMENT BREAKDOWN INCLUDED  
 SPECIAL FORM

FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS AS ALL INCLUSIVE. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS.