



CERTIFICATE OF LIABILITY INSURANCE

2635274

DATE (MM/DD/YYYY)
09/23/2021

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).

PRODUCER USI Insurance Services, LLC One South Nevada Avenue, Suite 230 Colorado Springs, CO 80903 (719) 228-1070	CONTACT NAME: EOI Direct PHONE (A/C. No. Ext): 877-456-3643 E-MAIL ADDRESS: help@eoidirect.com	FAX (A/C. No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Yorkshire Commons Townhome Owners Association, Inc c/o Balanced Bookkeeping & Community Association Mana PO Box 25696 COLORADO SPRINGS, CO 80936	INSURER A: COUNTRY Mutual Insurance Company		
	INSURER B: Continental Insurance Company		
	INSURER C: PMA Companies		
	INSURER D: Continental Casualty Company		20443
	INSURER E:		
	INSURER F:		

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			WA0200213802-03	4/21/2021	4/21/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
							Hired/Non-Owned	\$ \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CUE6043180478-1000230217	4/21/2021	4/21/2022	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			202101-11-59-98-7Y	4/21/2021	4/21/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Fidelity/Crime			618789187	4/21/2021	4/21/2022	\$70,000	\$1,000 Deductible
D	Directors & Officers			618789187	4/21/2021	4/21/2022	\$1,000,000	\$1,000 Retention

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

Master Certificate Master Certificate, XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX, CO 80918
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate . XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX, CO 80918 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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED Yorkshire Commons Townhome Owners Association	
POLICY NUMBER		c/o Balanced Bookkeeping PO Box 25696	
CARRIER	NAIC CODE	Colorado Springs, CO 80936	
		EFFECTIVE DATE: 04/21/2021	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured:
Balanced Bookkeeping
PO Box 25696
Colorado Springs, CO 80936

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers

COVERAGE: Property
INSURER: COUNTRY Mutual Insurance Company
POLICY NUMBR: WA0200213802-03
POLICY DATES: 4/21/2021 to 4/21/2022
Buildings Limit: \$4,229,735
Deductible: \$5,000
Wind/Hail Coverage is included. Wind/Hail Deductible: 5%
of Units: 20
of Buildings: 5
100% Guaranteed Replacement Cost applies up to the buildings limit
No Coinsurance/Agreed Value
Special causes of loss excluding earthquake and flood
Subject to policy limits and exclusions.
Equipment Breakdown/Boiler & Machinery coverage is included.
Ordinance and Law is included.
A - Undamaged Portion of Building is included in Building Limit
B&C - Demolition Cost & Increased Cost of Construction Combined is 20% of Building Limit
Inflation Guard is not included on policy. Limits are reviewed annually to ensure adequate building coverage on the project.
Waiver of Subrogation in favor of unit owners applies.
Locations must be shown on policy for coverage to apply.
This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated projects.
Severability of Liability (Separation of Insureds) is included.
If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.
Cancellation - 10 days prior to cancellation date.

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

The Building coverage is "All-Inclusive" (Walls In) regarding interior units and includes all permanently attached fixtures and extends to improvements or upgrades. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses covered by Policy (All addresses are Colorado Springs, CO 80918)

*Street Address *Building Limit *Number of Units
1518,20,22,24 York Road - \$846,947 - 4 Units
1526,28,30,32 York Road - \$845,947 - 4 Units
1534,36,38,40 York Road - \$845,947 - 4 Units
1542,44,46,48 York Road - \$845,947 - 4 Units
1550,52,54,56 York Road - \$845,947 - 4 Units
Total Buildings Limit: \$4,229,735
Outdoor Property: \$77,000

Cancellation - 10 days prior to cancellation date