



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2024

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).

PRODUCER CCIG 155 Inverness Drive West Englewood CO 80112	CONTACT NAME: PHONE (A/C No. Ext): 303-799-0110	FAX (A/C, No): 303-799-0156	
	E-MAIL ADDRESS: certificate@thinkccig.com		
License#: 45339			
INSURED Five Fountains Condominiums Association Inc 1625 N Murray BLVD Colorado Springs CO 80915	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Evanston Insurance Company		35378
	INSURER B: United States Liability Ins Co		25895
	INSURER C: Pennsylvania Manufacturers' As		12262
	INSURER D: Continental Casualty Co		20443
	INSURER E: Great American Ins Company		16691
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 884182085

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 2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA779456	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							HNOA Liability	\$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP1572875A	5/1/2024	5/1/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
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 checked="" type="checkbox"/> N/A			2024011317981Y	4/2/2024	4/2/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Crime/Fidelity/Employee Dishonest			618727885	5/1/2024	5/1/2025	Deductible: \$,1800	300,000
E	Directors & Officers Liability			EPP566601821	5/1/2024	5/1/2025	Deductible: \$1,000	1,000,000

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

Crime and D&O listed on the first page with policy date/limits/deductibles

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

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate

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

AGENCY CCIG		NAMED INSURED Five Fountains Condominiums Association Inc 1625 N Murray BLVD Colorado Springs CO 80915	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

COVERAGE: Primary Property
 POLICY CARRIER: Landmark Insurance Company
 POLICY NUMBER: LHD942848
 POLICY DATES: 05/01/2024 - 05/01/2025
 COVERAGE LIMIT: \$5,000,000
 DEDUCTIBLE: \$50,000
 WIND/HAIL COVERAGE INCLUDED: 5% (\$100,000 per occurrence minimum and applies separately to each building that sustains loss or damage, the personal property at each building at which there is loss or damage to personal property, Personal property in the open, Business Income and Extra Expense. If there is damage to both a building and personal property in that building, separate deductibles apply to the building and to the personal property.

COVERAGE: Excess Property
 POLICY CARRIER: Homeland Insurance Co. of New York
 POLICY NUMBER: #795026010
 POLICY DATES: 05/01/2024 - 05/01/2025
 COVERAGE LIMIT: \$16,068,307 excess of \$5,000,000
 DEDUCTIBLES: Follows Primary Property

#Buildings: 2
 #Units: 146
 Replacement Cost applies up to the building limits
 Coinsurance - Nil
 Special Causes of Loss excluding Earthquake and Flood
 Subject to policy limits and exclusions.
 Ordinance or Law Included:
 A – Undamaged Portion of Building - Included in the Building Limit
 B – Demolition Cost and C – Increased Cost of Construction (Combined): Not to exceed 10% of the submitted building values for any one structure
 Inflation Guard is not included on policy. Limits are reviewed/reassessed annually to ensure adequate building coverage on project.
 Waiver of Subrogation is included 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 project.
 Severability of Liability (Separate 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*****

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The Governing Documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. 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 City, State, Zip Code)
 1625 N. Murray Street; Colorado Springs, CO 80915 \$13,675,440 100 Units
 1708 Sawyer Way; Colorado Springs, CO 80915 \$5,895,320 46Units
 Miscellaneous Association Owned Property: \$1,497,547

Total Limit: \$21,068,307

Cancellation – 10 days prior to cancellation date.