



FIVEFOU-01

QQIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2025

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 Alliant Insurance Services, Inc. 6400 S Fiddlers Green Cir Ste 2000 Greenwood Village, CO 80111	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(239) 744-3136	FAX (A/C, No): (858) 754-2610
	E-MAIL ADDRESS:	FortMyersCerts@alliant.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Evanston Insurance Company		35378
INSURED Five Fountains Condominiums Association, Inc. c/o Balanced Bookkeeping & Community Association Management PO Box 25696 Colorado Springs, CO 80936	INSURER B : Ascot Insurance Company		23752
	INSURER C : Pennsylvania Manufacturers Association Insurance Company		12262
	INSURER D :		
	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			RENOF3AA779456	5/1/2025	5/1/2026	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 \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			SFU00001489	5/1/2025	5/1/2026	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) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			2025011317981Y	5/1/2025	5/1/2026	<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
B	D & O Liability			SFD00003028	5/1/2025	5/1/2026	Ded \$5,000/ Limit 1,000,000
B	Fidelity/Crime			SFC00001779	5/1/2025	5/1/2026	Ded \$5,000/ Limit 575,000

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

CERTIFICATE HOLDER

CANCELLATION

25/26 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

Jressa Bishop



ADDITIONAL REMARKS SCHEDULE

AGENCY Alliant Insurance Services, Inc.		NAMED INSURED Five Fountains Condominiums Association, Inc. c/o Balanced Bookkeeping & Community Association Management PO Box 25696 Colorado Springs, CO 80936	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

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

Remarks

Fidelity/Crime, General Liability, and Directors & Officers Liability policies include coverage for Property Manager:
Balanced Bookkeeping & Community Association Management
PO Box 25696
Colorado Springs, CO 80936

Fidelity/Crime policy includes coverage for Board Members and Volunteers

Commercial Property:

Palms Specialty Insurance Company, Inc., Certain Underwriters at Lloyd's, London, Sutton Specialty Insurance Company

Policy Number: TBD

Policy Effective Dates: 5/1/2025-5/1/2026

Deductible per Occurrence All Other Perils: \$50,000

Wind/Hail Deductible per Occurrence: 5%

Policy Limit: \$27,267,261

Replacement Cost applies

17 Buildings + Recreation Building + Carports

146 Units

Agreed Amount/Coinsurance Waived

Special Form

Ordinance or Law Coverage Included - Full Coverage A; \$500,000 Coverage B & C Combined

Inflation Guard is not included on policy. Limits are reviewed annually by Board of Directors to ensure coverage compliant with governing documents for the project.

Waiver of Subrogation in favor of unit owners

No other projects/complexes included on policies listed on certificate

Severability of liability (Separation of Insureds) is included

Mortgagee listed as Certificate Holder is recognized as mortgagee

Equipment Breakdown Coverage

Policy Number: QUOTE108786

Policy Effective Dates: 5/1/2025-5/1/2026

Deductible: \$25,000

Policy Limit: \$26,339,261

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

INSURANCE FOR BUILDINGS AND COMMON AREAS FOLLOWS THE REQUIREMENTS IN THE DECLARATION OF COVENANTS CONDITIONS AND RESTRICTIONS (GOVERNING DOCUMENTS) IN PLACE AT THE TIME OF LOSS. GOVERNING DOCUMENTS CAN ONLY BE PROVIDED BY THE UNIT OWNER OR PROPERTY MANAGEMENT COMPANY. EACH UNIT OWNER AND/OR THEIR TENANT MAY BE REQUIRED TO CARRY AN OWNER'S POLICY OR TENANT'S POLICY AND SHOULD CONSULT THEIR OWN INSURANCE PROVIDER TO CONFIRM COVERAGES NEEDED.

Covered Property (Colorado Springs, CO 80915):

1625 N Murray Blvd Units 128-145, 228-245 \$3,144,320 22 Units

1625 N Murray Blvd Units 118-120, 218-219 \$1,037,900 5 Units

1625 N Murray Blvd Units 115-117, 215-217 \$1,136,640 5 Units

1625 N Murray Blvd Units 112-114, 212-214 \$599,808 4 Units

1625 N Murray Blvd Units 101-106, 203-206 \$1,779,480 10 Units

**ADDITIONAL REMARKS SCHEDULE**

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1625 N Murray Blvd Units 107-111, 208-211 \$1,620,235 9 Units
1625 N Murray Blvd Units 125-127, 225-226 \$1,027,650 5 Units
1625 N Murray Blvd Units 121-124, 223-224 \$1,236,060 6 Units
1625 N Murray Blvd Units 132-137, 232-237 \$2,037,700 12 Units
1625 N Murray Blvd Units 146-151, 246-249 \$1,893,820 10 Units
1625 N Murray Blvd Units 152-155, 253-254 \$1,240,330 6 Units
1625 N Murray Blvd Units 156-157, 256-257 \$708,640 4 Units
1708 Sawyer Way Units 161-168, 261-268 \$2,299,500 16 Units
1708 Sawyer Way Units 173-176, 273-276 \$1,486,720 8 Units
1708 Sawyer Way Units 169-172, 269-272 \$1,476,000 8 Units
1708 Sawyer Way Units 177-178, 277-278 \$976,080 4 Units
1708 Sawyer Way Units 179-184, 279-284 \$1,550,208 12 Units
Recreation building \$300,000
Outdoor property \$105,000