



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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> AssuredPartners Colorado 4582 S. Ulster Street 600 Denver CO 80237 303-863-7788	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 303-863-7788      FAX (A/C, No): 303-290-0884 E-MAIL ADDRESS: certificates@assuredptrco.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> CDS Homeowners Association, Inc. dba Yosemite Village HOA <b>UNIT OWNER</b>	<b>INSURER A :</b> Travelers Property Casualty Co of America      25674	
	<b>INSURER B :</b> National Surety Corporation      21881	
	<b>INSURER C :</b> Pennsylvania Manufacturers' Association Insurance Compa      12262	
	<b>INSURER D :</b> Travelers Casualty & Surety Co of America      31194	
	<b>INSURER E :</b> <b>INSURER F :</b>	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input 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		680-6K274013-19-42	11/15/2019	11/15/2020	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <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		680-6K274013-19-42	11/15/2019	11/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
						<b>B</b> <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	201901-09-60-17-9Y	11/15/2019	11/15/2020	WC STATUTORY LIMITS    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	D&O Liability		106656209	11/15/2019	11/15/2020	\$1,000 Deductible      \$1,000,000
D	Fidelity Coverage		106656209	11/15/2019	11/15/2020	\$2,000 Deductible      \$225,000

INFORMATION ONLY

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

<p><b>CERTIFICATE HOLDER</b></p> <p style="color: red;">Not For Reuse!          IF YOU REQUIRE A CUSTOMIZED CERTIFICATE,          PLEASE VISIT <a href="http://WWW.ICERTS.COM">WWW.ICERTS.COM</a> TO PLACE          AN ORDER!</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;">Dave Tacha</p>
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## ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners Colorado		NAMED INSURED CDS Homeowners Association, Inc. dba Yosemite Village Homeowners Association	
POLICY NUMBER SEE PAGE 1		c/o Colorado Management Specialists, LLC 12100 E. Hiff Ave. Suite 100 Aurora, CO 80014	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

## ADDITIONAL REMARKS

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

## Property &amp; Additional Information

CARRIER: Travelers Property Casualty Co of America

EFFECTIVE: 11/15/19 - 11/15/20

POLICY # 680-6K274013-19-42

LIMIT: \$19,712,749

DEDUCTIBLE: \$10,000

WIND &amp; HAIL DEDUCTIBLE: 5% of buildings value (Per Building)

# OF UNITS: 100

# OF BUILDINGS: 25

100% REPLACEMENT COST UP TO THE LIMIT ABOVE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED

NO COINSURANCE

SPECIAL FORM

INFLATION GUARD APPLIES

EQUIPMENT BREAKDOWN COVERAGE INCLUDED

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM

WAIVER OF SUBROGATION APPLIES

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER,  
VOLUNTEERS AND BOARD MEMBERS

## \*\*\*\*\* PLEASE READ\*\*\*\*\*

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.