



CERTIFICATE OF LIABILITY INSURANCE

2694619

DATE (MM/DD/YYYY)
01/03/2022

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: EOI Direct</td> </tr> <tr> <td>PHONE (A/C. No. Ext): 877-456-3643</td> <td>FAX (A/C. No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: help@eoidirect.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Pinnacol Assurance Company</td> <td style="text-align: right;">NAIC # 41190</td> </tr> <tr> <td colspan="2">INSURER B: Ohio Security Insurance Company</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: EOI Direct		PHONE (A/C. No. Ext): 877-456-3643	FAX (A/C. No):	E-MAIL ADDRESS: help@eoidirect.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Pinnacol Assurance Company	NAIC # 41190	INSURER B: Ohio Security Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED University Park Homeowner's Association c/o Z&R Property Management 6015 LEHMAN DR # 205 COLORADO SPRINGS, CO 80918																					

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
B	<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:			BKS (22) 58419788	12/23/2021	12/23/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Hired/Non-Owned \$ Included
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	4016529	1/1/2022	1/1/2023	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
B	Association Covered Property			BKS (22) 58419788	12/23/2021	12/23/2022	Replacement Cost \$2,223,488 Limit \$25,000 Deductib

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Master Certificate, XXXXXXXXXXXXXXXX, XXXXXX, CO 80247
 If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.
 Special causes of loss excluding earthquake and flood.
 Locations must be shown on policy for coverage to apply.
 Severability of Liability is included.
 Equipment Breakdown is included.

CERTIFICATE HOLDER CANCELLATION

Master Certificate 1st Mortgagee XXXXXXXXXXXXXXXX XXXXXX, CO 80247 Loan Number: N/A	<p style="text-align: center;">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> <div style="text-align: right; margin-top: 20px;"> </div>
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ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED University Park Homeowner's Association c/o Z&R Property Management 6015 Lehman Drive #205	
POLICY NUMBER		EFFECTIVE DATE: 12/23/2021	
CARRIER	NAIC CODE	Colorado Prings, Co 80918	

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:
 Z&R Property Management
 6015 Lehman Drive #205
 Colorado Springs, CO 80918

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

COVERAGE: Crime/Fidelity/Employee Dishonesty
 INSURER: Cincinnati Casualty Company
 POLICY NUMBER: EMO0519172
 POLICY DATES: 12/23/2021 – 12/23/2024
 LIMIT: \$950,000
 DEDUCTIBLE: \$5,000

COVERAGE: Directors & Officers Liability
 INSURER: Cincinnati Casualty Company
 POLICY NUMBER: EMO0519172
 POLICY DATES: 12/23/2021 to 12/23/2024
 LIMIT: \$1,000,000
 DEDUCTIBLE: \$1,000

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

100% Replacement Cost applies to the limit
 Waived Coinsurance/Agreed Value
 Wind/Hail Coverage is included
 Waiver of Subrogation in favor of owners applies
 This is the only complex covered under the policies listed on the certificate

Cancellation – 10 days prior to cancellation date