Client#: 1914293 **UNIVEPAR1**

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT Dylan Preece | | | |
|---|---|-----------------|--|--|
| USI Insurance Services, LLC | PHONE (A/C, No, Ext): 800 873-8500 | AX A/C, No): | | |
| 8000 Norman Center Drive, Suite | E-MAIL ADDRESS: dylan.preece@usi.com | | | |
| 400 | INSURER(S) AFFORDING COVERAGE | NAIC # | | |
| Minneapolis, MN 55437 | INSURER A : Ohio Security Insurance Company | 23043 | | |
| INSURED | INSURER B : Pinnacol Assurance Company | 41190 | | |
| University Park Homeowner's Association | INSURER C : Cincinnati Casualty Company | 28665 | | |
| c/o RowCal Management CO, LLC | INSURER D: | | | |
| 3720 Sinton Road Ste 200 | INSURER E: | | | |
| Colorado Springs, CO 80907 | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | S |
|-------------|--|--|--------------|-------------|---------------|----------------------------|----------------------------|---|-------------|
| Α | Χ | COMMERCIAL GENERAL LIABILITY | X | X | BKS2568539397 | 12/23/2024 | 12/23/2025 | EACH OCCURRENCE | \$1,000,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000 |
| | | | | | | | | MED EXP (Any one person) | \$15,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | GEN | I'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | POLICY PRO- JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | OTHER: | | | | | | | \$ |
| | AUT | OMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | | \$ |
| | | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | | DED RETENTION \$ | | | | | | | \$ |
| В | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | X | 4016529 | 01/01/2025 | 01/01/2026 | X PER STATUTE OTH- | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE N | N/A | | | | | E.L. EACH ACCIDENT | \$1,000,000 |
| | (Mar | ndatory in NH) | II, A | | | | | E.L. DISEASE - EA EMPLOYEE | \$1,000,000 |
| | If yes | s, describe under CRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | \$1,000,000 |
| Α | As | sociation | X | X | BKS2568539397 | 12/23/2024 | 12/23/2025 | Replacement Cost | |
| | Co | mmon Area | | | | | | \$1,400,000 Limit | |
| | Co | vered Property | | | | | | \$25,000 Deductible | |
| DESC | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | | | |

| CERTIFICATE HOLDER | CANCELLATION |
|--------------------|--|
| | 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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| AGENCY CUSTOMER ID: UN | NIVEPAR1 |
|------------------------|----------|
|------------------------|----------|

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| AGENCY | | NAMED INSURED | | |
|------------------------|-----------|---|--|--|
| USI Insurance Services | | University Park Homeowner's Association | | |
| POLICY NUMBER | | RowCal Management CO, LLC | | |
| EMO0519172 | | 3720 Sinton Road Ste 200 | | |
| CARRIER | NAIC CODE | Colorado Springs, CO 80907 | | |
| | | EFFECTIVE DATE: 12/23/2024 | | |

| LIVIOU319172 | | 3/20 Sinton Road | d Ste 200 | | |
|--|-----------------|----------------------------|---|--|--|
| CARRIER | NAIC CODE | Colorado Springs, CO 80907 | | | |
| | | EFFECTIVE DATE: | 12/23/2024 | | |
| ADDITIONAL REMARKS | | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC | ORD FORM, | | | | |
| FORM NUMBER: FORM TITLE: | | | | | |
| If Mortgagee is listed as Certificate Holder, then Holder is recogni limits and exclusions. | ized as Mortg | agee. Special cause | s of loss excluding earthquake and flood. Subject to policy | | |
| Locations must be shown on policy for coverage to apply. | | | | | |
| Severability of Liability is included. | | | | | |
| Equipment Breakdown is included. | | | | | |
| Fidelity, General Liability, and Directors & Officers Liability policie RowCal Management CO, LLC 3720 Sinton Road Ste 200 Colorado Springs, CO 80907 | es include Prop | perty Management C | Company as an Insured: | | |
| Crime/Fidelity/Employee Dishonesty policy includes coverage for | Property Mar | nagement Company | and Manager, Board Members and Volunteers. | | |
| COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: Cincinnati Casualty Company POLICY NUMBER: EMO0519172 POLICY DATES: 12/23/2024 - 12/23/2025 LIMIT: \$950,000 DEDUCTIBLE: \$5,000 | | | | | |
| COVERAGE: Community Association (D&O) Liability INSURER: Cincinnati Casualty Company POLICY NUMBER: EMO0519172 POLICY DATES: 12/23/2024 - 12/23/2025 LIMIT: \$1,000,000 DEDUCTIBLE: \$5,000 | | | | | |
| ***************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. | | | | |
| Cancellation10 days prior to cancellation date | | | | | |
| | | | | | |