



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2024

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 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		CONTACT NAME: Certificate Department	
Schad Agency		PHONE (A/C, No, Ext): 303-661-0083	FAX (A/C, No): 303-661-0085
433 Summit Blvd Unit 101		E-MAIL ADDRESS: certificate@schadagency.com	
Broomfield CO 80021		INSURER(S) AFFORDING COVERAGE	
		INSURER A: USLI	
		INSURER B: Gotham Insurance Company	
		INSURER C: Homeland Insurance Company of New York	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		NAIC #	
Savannah Owners Association, Inc.		25895	
C/O Metro Property Management			
10800 E Bethany Dr Ste 235			
Aurora CO 80014			

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	Y		NPP1629212	03/07/2024	03/07/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						PRODUCTS - COMP/OP AGG \$ INCLUDED
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> SCHEDULED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> PROPERTY DAMAGE (Per accident)						
	UMBRELLA LIAB						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OCCUR						BODILY INJURY (Per person) \$
	EXCESS LIAB						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						AGGREGATE \$
	<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A						
							PER STATUTE
							OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Metro Property Management 10800 E Bethany Dr ste 235 Aurora CO 80014-2687	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 Schad Agency		NAMED INSURED Savannah Owners Association, Inc. C/O Metro Property Management 10800 E Bethany Dr Ste 235 Aurora, CO, 80014	
POLICY NUMBER NPP1629212		EFFECTIVE DATE: 03/07/2024	
CARRIER USLI	NAIC CODE 25895		

ADDITIONAL REMARKS

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

Property Information
 CARRIER: Gotham Insurance Company/Homeland Insurance Company of New York
 EFFECTIVE: 03/07/2024-25
 POLICY: PR2024CCP01225/795025273
 LIMIT: \$47,185,942
 DEDUCTIBLE: \$50,000
 WIND & HAIL DEDUCTIBLE: 5%
 ROOF: REPLACEMENT COST
 # OF UNITS: 176
 # OF BUILDINGS: 9
 100% REPLACEMENT COST UP TO THE LIMIT ABOVE
 SEVERABILITY OF INTEREST INCLUDED
 ORDINANCE AND LAW INCLUDED
 EQUIPMENT BREAKDOWN INCLUDED
 SPECIAL FORM
 10 DAYS NOTICE OF CANCELLATION

FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS.