



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2025

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 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 PHONE (A/C, No, Ext): 303-661-0083 E-MAIL ADDRESS: certificate@schadagency.com	
Schad Agency 433 Summit Blvd Unit 101		FAX (A/C, No): 303-661-0085	
Broomfield CO 80021		INSURER(S) AFFORDING COVERAGE	
INSURED		INSURER A: USLI	
Savannah Owners Association, Inc. C/O Metro Property Management 10800 E Bethany Dr Ste 235 Aurora CO 80014		INSURER B: Midvale Indemnity Company	
		INSURER C: StarNet Insurance	
		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		Y	NPP1629212	03/07/2025	03/07/2026	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 100,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NPP1629212	03/07/2025	03/07/2026	MED EXP (Any one person)	\$ 5,000
	PERSONAL & ADV INJURY	\$ 1,000,000						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PRP-229824000-01-2823566	03/07/2025	03/07/2026	GENERAL AGGREGATE	\$ 2,000,000
	PRODUCTS - COMP/OP AGG	\$ INCLUDED						
	OTHER:							\$
	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000						
A	<input type="checkbox"/> BODILY INJURY (Per person)	\$						
	BODILY INJURY (Per accident)	\$						
	PROPERTY DAMAGE (Per accident)	\$						
		\$						
B	<input checked="" type="checkbox"/> EACH OCCURRENCE	\$ 5,000,000						
	AGGREGATE	\$ 5,000,000						
		\$						
	PER STATUTE	OTHE- R						
	E.L. EACH ACCIDENT	\$						
	E.L. DISEASE - EA EMPLOYEE	\$						
	E.L. DISEASE - POLICY LIMIT	\$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A					
C	Directors & Officers			QDO0002119-00	03/07/2025	03/07/2026	Limit: \$1,000,000	
C	Fidelity			QDR0001231-00	03/07/2025	01/07/2026	Limit: \$900,000	

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	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	
Aurora CO 80014-2687		

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## ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED	
Schad Agency	Savannah Owners Association, Inc. C/O Metro Property Management 10800 E Bethany Dr Ste 235	
POLICY NUMBER		
NPP1629212	NAIC CODE	Aurora, CO, 80014
CARRIER	25895	EFFECTIVE DATE: 03/07/2025
USLI		

### 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: 03/07/2025-26

POLICY: SESP0060001011-01/795028874

LIMIT: \$47,624,560

DEDUCTIBLE: \$50,000

WIND & HAIL DEDUCTIBLE: 5%

WATER DEDUCTIBLE: \$150,000

WILDFIRE DEDUCTIBLE: \$250,000

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.