



# 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).

<b>PRODUCER</b> Schad Agency 433 Summit Blvd Unit 101  Broomfield CO 80021		<b>CONTACT</b> NAME: Certificate Department PHONE (A/C, No, Ext): 303-661-0083 FAX (A/C, No): 303-661-0085 E-MAIL: certificate@schadagency.com ADDRESS:	
<b>INSURED</b> Savannah Owners Association, Inc. C/O Metro Property Management 10800 E Bethany Dr Ste 235 Aurora CO 80014		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : USLI INSURER B : Midvale Indemnity Company INSURER C : StarNet Insurance INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b> 25895 27138	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:	Y		NPP1629212	03/07/2025	03/07/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ INCLUDED
							\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			NPP1629212	03/07/2025	03/07/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			PRP-229824000-01-2823566	03/07/2025	03/07/2026	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 5,000,000
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
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  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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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

<b>AGENCY</b> Schad Agency		<b>NAMED INSURED</b> Savannah Owners Association, Inc. C/O Metro Property Management 10800 E Bethany Dr Ste 235 Aurora, CO, 80014	
<b>POLICY NUMBER</b> NPP1629212		<b>EFFECTIVE DATE:</b> 03/07/2025	
<b>CARRIER</b> USLI	<b>NAIC CODE</b> 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: 03/07/2025-26

POLICY: SESP0060001011-01/795028874

LIMIT: \$47,624,560

DEDUCTIBLE: \$50,000

WIND &amp; 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.