



CERTIFICATE OF LIABILITY INSURANCE

2948437

DATE (MM/DD/YYYY)
10/04/2023

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 colspan="2">INSURER A: Fidelity and Guaranty Insurance Co</td></tr> <tr><td colspan="2">INSURER B: Pinnacol Assurance</td></tr> <tr><td colspan="2">INSURER C: Continental Casualty Company</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: Fidelity and Guaranty Insurance Co | | INSURER B: Pinnacol Assurance | | INSURER C: Continental Casualty Company | | INSURER D: | | INSURER E: | | INSURER F: | |
| CONTACT NAME: EOI Direct | | | | | | | | | | | | | | | | | | | | | |
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| INSURER(S) AFFORDING COVERAGE | | | | | | | | | | | | | | | | | | | | | |
| INSURER A: Fidelity and Guaranty Insurance Co | | | | | | | | | | | | | | | | | | | | | |
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| INSURER E: | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | |
| INSURED Delmonico Townhomes Association, Inc. c/o RowCal Management CO, LLC PO Box 421150 Minneapolis, MN 55442 | | | | | | | | | | | | | | | | | | | | | |

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|------------------|----------------------------|-------------------------|
| 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | BIP9T0767922342 | 10/9/2023 | 10/9/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 HNO Auto \$ Included |
| | | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| B | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> | N/A | 4075974 | 11/1/2023 | 11/1/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Crime/Fidelity/Emp Dish | | | 618646174 | 10/9/2023 | 10/9/2024 | \$400,000 \$2,500 Deductible |
| C | Directors & Officers | | | 618646174 | 10/9/2023 | 10/9/2024 | \$1,000,000 \$1,000 Retention |

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

Master Certificate, XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX, CO 80919
 *****See Attached*****

| | |
|--|--|
| CERTIFICATE HOLDER Master Certificate . XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX, CO 80919 Loan Number: N/A | 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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ADDITIONAL REMARKS SCHEDULE

| | | | |
|----------------------------------|-----------|---|--|
| AGENCY USI Insurance Services | | NAMED INSURED Delmonico Townhomes Association, Inc. c/o RowCal Management CO, LLC PO Box 421150 Minneapolis, MN 55442 | |
| POLICY NUMBER | | EFFECTIVE DATE: 10/09/2023 | |
| CARRIER | NAIC CODE | | |

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:
RowCal Management CO, LLC
PO Box 421150
Minneapolis, MN 55442

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

COVERAGE: Property
INSURER: Fidelity and Guaranty Insurance Company
POLICY NUMBER: BIP9T0767922342
POLICY DATES: 10/9/2023 to 10/9/2024
Blanket Limit: \$24,261,641
Deductible: \$25,000
Wind/Hail Coverage is included. Wind/Hail Deductible: 5%
of Units: 145
of Buildings: 27
100% Replacement Cost applies up to the blanket buildings limit
No Coinsurance/Agreed Value
Special causes of loss excluding earthquake and flood
Subject to policy limits and exclusions.
Ordinance and Law is included.
A - Undamaged Portion of Building is included in Building Limit
B&C - Demolition Cost & Increased Cost of Construction Combined is \$4,000,000 (\$250,000 per Building sublimit)
Inflation Guard is not included on policy. Replacement cost/building values are reassessed/reviewed annually to ensure adequate coverage on the project.
Waiver of Subrogation in favor of unit owners applies.
Locations must be shown on policy for coverage to apply.
This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated projects.
Severability of Liability (Separation of Insureds) is included.
If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.
Cancellation - 10 days prior to cancellation date.

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

The Building coverage is "All-Inclusive" (Walls In) regarding interior units and includes all permanently attached fixtures and extends to improvements or upgrades. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses Covered by Policy (All addresses are Colorado Springs, CO 80919)

- *Street Address *Number of Units
- 6261, 6265, 6269, 6273 Colony Circle – 4 Units
- 6343, 6347, 6351, 6355, 6359 Colony Circle – 5 Units
- 6340, 6344, 6348, 6352 Colony Circle – 4 Units
- 210, 212, 218, 222, 226, 230, 234 Hargrove Court – 7 Units
- 213, 217, 221, 225, 229, 233, 237 Hargrove Court – 7 Units
- 110, 114, 118, 122, 126, 130 Ivestone Court – 6 Units
- 111, 115, 119, 123, 127, 131, 135 Ivestone Court – 7 Units
- 6014, 6018, 6022, 6026, 6030 Colony Circle – 5 Units
- 6002, 6006, 6010 Colony Circle – 3 Units
- 6032, 6036, 6040, 6044, 6048, 6052, 6056 Colony Circle – 7 Units
- 6003, 6007, 6011, 6015, 6019 Colony Circle – 5 Units
- 6058, 6062, 6066, 6070, 6074, 6078, 6082 Colony Circle – 7 Units
- 6023, 6027, 6031, 6035, 6039, 6043, 6047 Colony Circle – 7 Units
- 6051, 6055, 6059, 6063 Colony Circle – 4 Units
- 6067, 6071, 6075, 6079, 6083, 6087 Colony Circle – 6 Units
- 6105, 6109, 6113, 6117, 6121, 6125 Colony Circle – 6 Units
- 6102, 6106, 6110, 6114, 6118 Colony Circle – 5 Units
- 6122, 6126, 6130, 6134, 6138, 6142 Colony Circle – 6 Units
- 6150, 6154, 6158, 6162 Colony Circle – 4 Units
- 6166, 6170, 6174, 6178, 6182, 6186 Colony Circle – 6 Units
- 6205, 6209, 6213, 6217 Colony Circle – 4 Units
- 6204, 6208, 6212, 6216, 6220 Colony Circle – 5 Units



ADDITIONAL REMARKS SCHEDULE

| | | | |
|----------------------------------|-----------|--|--|
| AGENCY USI Insurance Services | | NAMED INSURED Delmonico Townhomes Association, Inc. | |
| POLICY NUMBER | | c/o RowCal Management CO, LLC | |
| CARRIER | NAIC CODE | PO Box 421150 | |
| | | Minneapolis, MN 55442 | |
| | | EFFECTIVE DATE: 10/09/2023 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

6221, 6225, 6229, 6233, 6237 Colony Circle – 5 Units
 6224, 6228, 6232, 6236, 6240 Colony Circle – 5 Units
 6241, 6245, 6249, 6253, 6257 Colony Circle – 5 Units
 6303, 6307, 6311, 6315 Colony Circle – 4 Units
 6319, 6323, 6327, 6331, 6335, 6339 Colony Circle – 6 Units
 Total Blanket Limit: \$24,261,641

Cancellation – 10 days prior to cancellation date