



ADDITIONAL REMARKS SCHEDULE

AGENCY CB Insurance, LLC		NAMED INSURED Bent Tree Property Owners Assn, Inc. PO Box 2631 Monument CO 80132-2631	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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

COVERAGE: Directors & Officers Liability
 INSURER: Travelers Insurance
 POLICY NUMBER: 103913883
 LIMIT: \$1,000,000 DED: \$1,000
 POLICY DATES: 9/1/2012 To 9/1/2013

For Annual Meeting Thursday, September 19, 2013.