Client#: 1914249 BENTTRE12

$ACORD_{\scriptscriptstyle{\mathbb{M}}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/25/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

this certificate does not comer any rights to the certificate holder in nea or such chaorsement(s).					
PRODUCER	CONTACT Tammy Barnett				
USI Insurance Services, LLC	PHONE (A/C, No, Ext): 952-395-1546 FAX (A/C, No): 952-9	2-945-9477			
8000 Norman Center Drive	E-MAIL ADDRESS: Tammy.Barnett@usi.com				
Suite 1000	INSURER(S) AFFORDING COVERAGE	NAIC #			
Bloomington, MN 55437	INSURER A: Sirius America Insurance Company	38776			
INSURED	INSURER B : Pinnacol Assurance Company	41190			
Bent Tree Property Owners' Assoc., Inc. C/O Greg Davis	INSURER C:				
_	INSURER D:				
P.O. Box 2631	INSURER E:				
Monument, CO 80132-2631	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:	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Χ	COMMERCIAL GENERAL LIABILITY			2880787	05/23/2022	05/23/2023	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
								MED EXP (Any one person)	\$5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$
		OTHER:						HNOA	\$Included
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
В		RKERS COMPENSATION DEMPLOYERS' LIABILITY			4048148	09/01/2021	09/01/2022	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Α	As	sociation			2880787	05/23/2022	05/23/2023	Replacement Cost:	-
	Со	mmon Area						\$22,000	
	Co	vered Property						Deductible: \$1,000	
1	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / ACORD 404 Additional Personal School and the attached if many areas in required)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required Special causes of loss excluding earthquake and flood. Subject to policy limits and exclusions.

Locations must be shown on policy for coverage to apply.

Severability of Liability is included.

Equipment Breakdown is included up to \$25,000.

(See Attached Descriptions)

CERTIFICATE HOLDER	CANCELLATION
MASTER CERTIFICATE	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
	Land

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DESCRIPTIONS (Continued from Page 1)

COVERAGE: Crime/Fidelity/Employee Dishonesty

INSURER: Continental Casualty Company POLICY NUMBER: 0619083786

LIMIT: \$50,000 DED: \$500

POLICY DATES: 05/23/2022 to 05/23/2023

COVERAGE: Directors & Officers Liability INSURER: Continental Casualty Company

POLICY NUMBER: 0619083786 LIMIT: \$1,000,000 DED: \$1,000 AGGREGATE: \$1,000,000

POLICY DATES: 05/23/2022 to 05/23/2023

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

100% Replacement Cost applies up to the limit

Waived Coinsurance/Agreed Value Wind/Hail Coverage is included

Waiver of Subrogation in favor of owners applies

This is the only complex covered under the policies listed on the certificate.

Cancellation - 10 days prior to cancellation date