

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) /10/2013

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:		
CB Insurance, LLC	105	PHONE (A/C, No, Ext): 719-228-1070	FAX (A/C, No): 719-2	28-1071
1 South Nevada Ave., Sui Colorado Springs CO 8090		È-MAIL ADDRESS:	1 (120,110)	20 1071
		PRODUCER CUSTOMER ID #: BENTTRE-01		
		INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED		INSURER A: The Hartford		
Bent Tree Property Owner PO Box 2631	rs Assn, Inc.	INSURER B: Pinnacol Assurance		
Monument CO 80132-2631		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		
COVERACES	CEDTIFICATE NI IMPED: 100776703	O DEVISION NUI	MDED.	

COVERAGES CERTIFICATE NUMBER: 1227767039 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.

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INSR LTR	TYPE OF INSURANCE	ADDL S			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			34SBAPF0926SC	5/23/2013	5/23/2014	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC							\$
A	AUTOMOBILE LIABILITY			34SBAPF0926SC	5/23/2013	5/23/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4048148	9/1/2013	9/1/2014	WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$500,000
A	Fidelity/Crime/Emp Dishon			34SBAPF0926SC	5/23/2013	5/23/2014	\$30,000	\$500 DED
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

See Attached

CERTIFICATE HOLDER	CANCELLATION

YMCA of the Pikes Peak Region 17250 Jackson Creek Parkway Monument CO 80132

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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LOC #:



ADDITIONAL REMARKS SCHEDULE

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

EFFECTIVE DATE.
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.