

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2024

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).

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PRODUCER		CONTACT Randy Bales			
State Farm 1	Randy Bales State Farm	PHONE (A/C, No, Ext): 303-985-3276 FAX (A/C, No):			
	6452 S Quebec Street	E-MAIL randy.bales.twuk@statefarm.com			
®	Centennial, CO 80111	INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: State Farm Fire and Casualty Company	25143		
INSURED		INSURER B:			
LIBERTY SQUARE CONDOMINIUM ASSOC INC 3720 SINTON RD STE 200 COLORADO SPGS, CO 809075094		INSURER C:			
		INSURER D :			
		INSURER E :			
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
								MED EXP (Any one person)	\$ 5,000
Α			Υ		96-EX-M178-0	04/30/2024	04/30/2025	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	X	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:						Directors & Officers	\$ 1,000,000
	AUT	OMOBILE LIABILITY	Υ		96-EX-M178-0	04/30/2024	04/30/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
А		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
	\times	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 5,000,000
Α		EXCESS LIAB CLAIMS-MADE	Υ		96-EX-M180-4	04/30/2024	04/30/2025	AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
		PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
А	Fid	elity Bond	Y		96-EX-C059-7	07/12/2023	07/12/2024		\$500,000

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

Building Locations: Covered at GUARANTEED REPLACEMENT COST

CERTIFICATE HOLDER	CANCELLATION		
RowCal Management 3720 SINTON RD STE 200	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
COLORADO SPRINGS, CO 80907-5094	AUTHORIZED REPRESENTATIVE		

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^{*}See Attached Document*

AGENCY CUSTOMER ID:	
LOC #:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of

AGENCY	NAMED INSURED			
Randy Bales State Farm	LIBERTY SQUARE CONDOMINIUM ASSOC INC			
POLICY NUMBER	3720 SINTON RD STE 200			
96-EX-M178-0; 96-EX-M180-4; 96-EX-C059-7		COLORADO SPGS, CO 80907-5094		
CARRIER	NAIC CODE			
State Farm Fire and Casualty Company	25143	EFFECTIVE DATE: 04/30/2024		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 101 FORM TITLE: Building Locations: Covered at GUARANTEED REPLACEMENT COST

All Peril Deductible= \$25,000 per building Wind/Hail Deductible= \$25,000 per building Back Up of Sewer/Drain= Included Building Limit= Guaranteed Replacement Cost Director & Officers= Included

Equipment Breakdown= Included Loss of Income & Extra Expense= 12 Months

Ordinance & Law= Included Wavier of Subrogation= Included

Inflation Guard is included on policy. Limits are reviewed annually to ensure adequate building coverage on the project.

This coverage applies only to the named insured shown on the certificate and does not apply to any other property, business or association.

This is a Walls Out Only policy.

BUILDINGS= 5 UNITS= 97

Guaranteed Replacement Cost

Location Addresses covered by Policy (All addresses are Colorado Springs, 80918)

5030 El Camino Dr

5034 El Camino Dr

5038 El Camino Dr

5042 El Camino Dr

5046 El Camino Dr

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

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The governing documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. 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.

ACORD 101 (2008/01)