



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/12/2026

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: Certificate Department	
Schad Agency		PHONE (A/C, No, Ext): 303-661-0083	FAX (A/C, No): 303-661-0085
433 Summit Blvd Unit 101		E-MAIL ADDRESS: certificate@schadagency.com	
Broomfield CO 80021		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United States Liability Insurance Company	NAIC #
INSURED		INSURER B: USLI	25895
Prospectors Point Condominium Association		INSURER C: Pennsylvania Manufacturer's Association Insurance	12262
C/O The Colorado Property Management Specialists		INSURER D: Great American	16691
19751 E. Main St, Ste 275		INSURER E: Travelers	
Parker CO 80138		INSURER F: American Property Insurance Company	21806


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	Y		NPP1609523D	03/15/2026	03/15/2027	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		NPP1609523D	03/15/2026	03/15/2027	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	Y		CUP1572212C	03/15/2026	03/15/2027	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	2026011313618Y	03/15/2026	03/15/2027	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Directors & Officers	Y		QDO0002375-01	03/15/2026	03/15/2027	Limit: \$1,000,000	
E	Fidelity	Y		105718612	03/15/2026	03/15/2027	Limit: \$1,000,000	

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

CERTIFICATE HOLDER**CANCELLATION**

The Colorado Property Management Specialists 19751 E Main Street Suite 275 Parker CO 80138	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 Schad Agency		NAMED INSURED Prospectors Point Condominium Association	
POLICY NUMBER NPP1609523D		C/O The Colorado Property Management Specialists	
CARRIER United States Liability Insurance Company	NAIC CODE	19751 E. Main St, Ste 275	
		Parker, CO, 80138	
		EFFECTIVE DATE: 03/15/2026	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

A: Property Information
 CARRIER: American Property
 EFFECTIVE: 03/15/2026 - 3/15/2027
 POLICY: CPP-23787-A26-MCG
 LIMIT: \$76,505,396
 DEDUCTIBLE: \$50,000
 WIND & HAIL DEDUCTIBLE: 5%
 ROOF: REPLACEMENT COST
 # OF UNITS: 400
 # OF BUILDINGS: 23
 GUARANTEED REPLACEMENT COST
 SEVERABILITY OF INTEREST INCLUDED
 ORDINANCE AND LAW INCLUDED
 EQUIPMENT BREAKDOWN INCLUDED
 SPECIAL FORM
 10 DAYS NOTICE OF CANCELLATION
 INFLATION GUARD 4%
 FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY
 POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS.