



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/27/2019

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).

<b>PRODUCER</b> CB Insurance, LLC 1 South Nevada Ave., Suite 230 Colorado Springs CO 80903	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 719-228-1070		FAX (A/C. No): 719-228-1071
	<b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #: PEREMAS-01		
<b>INSURED</b> Peregrine Master Association, Inc. c/o Z&R Property Management 6015 Lehman Drive, Ste 205 Colorado Springs CO 80918	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : National Surety Corporation		
	INSURER B : Westchester Fire Insurance Co.		10030
	INSURER C : PMA Companies		
	INSURER D :		
	INSURER E :		
INSURER F :			

**COVERAGES**

CERTIFICATE NUMBER: 959324583

REVISION NUMBER:

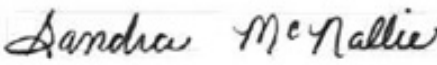
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<b>GENERAL LIABILITY</b>			ASNCOF14796661	3/15/2019	3/15/2020	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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
	GEN'L AGGREGATE LIMIT APPLIES PER:						Hired&Nonowned Autos	\$ Included
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			SUO00049054554-13659-4	3/15/2019	3/15/2020	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 0							\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			201901-10-70-89-5Y	4/1/2019	3/15/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Association Covered Property Common Areas Only			ASNCOF14796661	3/15/2019	3/15/2020	Replacement Cost \$1,347,600	\$5,000 DED

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

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

MASTER CERTIFICATE XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXXX	10  AUTHORIZED REPRESENTATIVE 
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY CB Insurance, LLC		NAMED INSURED Peregrine Master Association, Inc. c/o Z&R Property Management 6015 Lehman Drive, Ste 205 Colorado Springs CO 80918	
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

Fidelity Policy Named Insured Includes Property Management Company:  
 Z&R Property Management  
 6015 Lehman Drive, #205  
 Colorado Springs, CO 80918

COVERAGE: Crime/Fidelity/Employee Dishonesty  
 INSURER: Continental Casualty Company  
 POLICY NUMBER: 618663959  
 LIMIT: \$950,000 DED: \$5,000  
 POLICY DATES: 3/15/2019 To 3/15/2020

COVERAGE: Directors & Officers Liability  
 INSURER: Continental Casualty Company  
 POLICY NUMBER: 618663959  
 LIMIT: \$1,000,000 DED: \$10,000  
 AGGREGATE: \$1,000,000  
 POLICY DATES: 3/15/2019 To 3/15/2020

COVERAGE: Volunteer Accident Liability  
 INSURER: QBE Insurance  
 POLICY NUMBER: BINDER4119  
 LIMIT: \$50,000 DED: \$250  
 POLICY DATES: 4/1/2019 To 3/15/2020

AT