



CERTIFICATE OF LIABILITY INSURANCE

2878116

DATE (MM/DD/YYYY)
03/28/2023

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).

PRODUCER USI Insurance Services, LLC One South Nevada Avenue, Suite 230 Colorado Springs, CO 80903 (719) 228-1070	CONTACT NAME: CB Insurance Certificates PHONE (A/C No. Ext): 719-228-1070 E-MAIL ADDRESS: Cert@centralbancorp.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance		NAIC #
INSURED The Peregrine Master Association, Inc. c/o RowCal Management CO, LLC 3720 Sinton Road Ste 200 COLORADO SPRINGS, CO 80907	INSURER B: PMA Companies		NAIC # 20346
	INSURER C: Pacific Indemnity Co		
	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)	LIMITS	
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ASNCOF1598806A5003	3/15/2023	3/15/2024	EACH OCCURRENCE	\$ 1,000,000
							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
							Hired/Non-Owned	\$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP1572266	3/15/2023	3/15/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	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 <input type="checkbox"/> N/A			2023011070895Y	3/15/2023	3/15/2024	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
C	Association Covered Property Common Areas Only			ASNCOF1598806A5003	3/15/2023	3/15/2024	Replacement Cost	\$5,000 Deductible
							\$1,583,000 Limit	
							80% Coinsurance	

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

Master Certificate, XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX, CO 80907
 See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate
 1st Mortgagee
 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX, CO 80907
 Loan Number: N/A

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



ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED The Peregrine Master Association, Inc.	
POLICY NUMBER		RowCal Management CO, LLC 3720 Sinton Road Ste 200 Colorado Springs, CO 80907	
CARRIER	NAIC CODE	EFFECTIVE DATE: 03/15/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. 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.

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured:
RowCal Management CO, LLC
3720 Sinton Road Ste 200
Colorado Springs, CO 80907

COVERAGE: Crime/Fidelity/Employee Dishonesty
INSURER: Continental Casualty Company
POLICY NUMBER: 618663959
LIMIT: \$950,000
DED: \$5,000
POLICY DATES: 3/15/2023 To 3/15/2024

COVERAGE: Community Association (D&O) Liability
INSURER: Continental Casualty Company
POLICY NUMBER: 618663959
LIMIT: \$1,000,000
Retention: \$10,000
AGGREGATE: \$1,000,000
POLICY DATES: 3/15/2023 To 3/15/2024

COVERAGE: Volunteer Accident Liability
INSURER: Wellfleet Insurance Company
POLICY NUMBER: MP0000821553
LIMIT: \$50,000
DED: \$250
AGGREGATE: \$500,000
POLICY DATES: 3/15/2023 To 3/15/2024

*****PLEASE READ*****
100% Replacement Cost applies up to the limit
80% Coinsurance
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