



# CERTIFICATE OF LIABILITY INSURANCE

3002392

DATE (MM/DD/YYYY)  
03/24/2024

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).

|  |  |                       |               |
|--|--|-----------------------|---------------|
| <b>PRODUCER</b><br>USI Insurance Services, LLC<br>One South Nevada Avenue, Suite 230<br>Colorado Springs, CO 80903<br>(719) 228-1070                   | <b>CONTACT NAME:</b> CB Insurance Certificates<br><b>PHONE (A/C No. Ext):</b> 719-228-1070<br><b>E-MAIL ADDRESS:</b> Cert@centralbancorp.com | <b>FAX (A/C, No):</b> |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                       | <b>NAIC #</b> |
| <b>INSURED</b><br>The Peregrine Master Association, Inc.<br>c/o RowCal Management CO, LLC<br>3720 Sinton Road, Suite 200<br>Colorado Springs, CO 80907 | <b>INSURER A:</b> United States Liability Insurance  |                       |               |
|  | <b>INSURER B:</b> PMA Companies  |                       |               |
|  | <b>INSURER C:</b> Ace American Insurance Company   |                       |               |
|  | <b>INSURER D:</b>  |                       |               |
|  | <b>INSURER E:</b>  |                       |               |
|  | <b>INSURER F:</b>  |                       |               |

**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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | ASNCOF1598806A5003 | 3/15/2024               | 3/15/2025               | 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        |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><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<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | CUP1572266         | 3/15/2024               | 3/15/2025               | EACH OCCURRENCE                           | \$ 5,000,000       |
|          |   |           |          |                    |                         |                         | AGGREGATE                                 | \$ 5,000,000       |
|          |   |           |          |                    |                         |                         |   | \$                 |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | 2024011070895Y     | 3/15/2024               | 3/15/2025               | 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<br>Covered Property<br>Common Areas   |           |          | ASNCOF1598806A5003 | 3/15/2024               | 3/15/2025               | 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 FOR INFO ONLY, ., N/A, CO 00000-0000  
 See Attached...

**CERTIFICATE HOLDER**

MASTER CERTIFICATE  
 .  
 .  
 N/A, CO 00000-0000  
 Loan Number: N/A

**CANCELLATION**

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<br>USI Insurance Services |           | NAMED INSURED<br>The Peregrine Master Association, Inc.   |  |
| POLICY NUMBER                    |           | c/o RowCal Management CO, LLC<br>3720 Sinton Road Ste 200 |  |
| CARRIER                          | NAIC CODE | Colorado Springs, CO 80907                                |  |
|                                  |           | EFFECTIVE DATE: 03/15/2024                                |  |

**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: \$1,100,000  
DED: \$5,000  
POLICY DATES: 3/15/2024 To 3/15/2025

COVERAGE: Community Association (D&O) Liability  
INSURER: Continental Casualty Company  
POLICY NUMBER: 618663959  
LIMIT: \$1,000,000  
DED: \$10,000  
AGGREGATE: \$1,000,000  
POLICY DATES: 3/15/2024 To 3/15/2025

COVERAGE: Volunteer Accident Liability  
INSURER: Wellfleet Insurance Company  
POLICY NUMBER: MP0000838962  
LIMIT: \$50,000  
DED: \$250  
AGGREGATE: \$500,000  
POLICY DATES: 3/15/2024 To 3/15/2025

\*\*\*\*\*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