



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2026

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 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 CCI 155 Inverness Drive West Englewood CO 80112	CONTACT NAME: PHONE (A/C. No. Ext): 303-799-0110		FAX (A/C. No.): 303-799-0156
	E-MAIL ADDRESS: certificate@thinkccig.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Auto Owners Insurance Company			18988
INSURER B : StarNet Insurance Company			40045
INSURER C : Travelers Casualty and Surety			31194
INSURER D :			
INSURER E :			
INSURER F :			

 License#: 45339
 KINSCOM-01

COVERAGES **CERTIFICATE NUMBER:** 1552806120 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2246327472936826	2/11/2026	2/11/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 HNOA Liability \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B C	Crime/Fidelity/Employee Dishonest Directors & Officers Liability			QDR000083801 108414319	2/11/2026 2/11/2026	2/11/2027 2/11/2027	Deductible: \$1,000 Retention: \$2,500 \$100,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an insured:
Co-Here
 1440 E. Missouri Ave., Suite C200
 Phoenix, AZ 85014
 Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers
 See Attached...

CERTIFICATE HOLDER Master Certificate of Insurance	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 CCIG		NAMED INSURED Kinston Community Association c/o Co-Here 1440 E. Missouri Ave., Suite C200 Phoenix AZ 85014	
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

COVERAGE: Association Owned Outdoor Property
 POLICY CARRIER: Auto Owners Insurance Company
 POLICY NUMBER: 2246327472936826
 POLICY DATES: 2/11/2026 - 2/11/2027
 COVERAGE LIMIT: \$15,000
 DEDUCTIBLE: \$2,500

Replacement Cost applies up to the buildings limit
 Coinsurance - 100%
 Special Causes of Loss excluding Earthquake and Flood
 Subject to policy limits and exclusions.
 Equipment Breakdown/Boiler & Machinery Included
 Ordinance or Law Included:
 A – Undamaged Portion of Building is Included in Building Limit-\$2,500 Deductible
 B – Demolition Cost is \$12,500 / \$2,500 Deductible
 C – Increased Cost of Construction is \$12,500 / \$2,500 Deductible
 Inflation Guard is not included on policy. Limits are reviewed/reassessed annually to ensure adequate building coverage on project.
 Waiver of Subrogation is included in favor of unit owners applies.
 Locations must be shown on policy for coverage to apply.
 This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated projects.
 Severability of Liability (Separate of Insureds) is included.
 If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.

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

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents.

Location Addresses covered by Policy:
 6294 Wild Rye Street; Loveland, CO 80538
 Total Property (Monument) Limit: \$15,000

Cancellation – 10 days prior to cancellation date.