



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/01/2025

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> Stailey Insurance Corporation 2084 S. Milwaukee Street Denver CO 80210-	<b>CONTACT NAME:</b> Certificate Department	<b>FAX (A/C, No):</b> (303)759-2960	
	<b>PHONE (A/C, No, Ext):</b> (303)759-2796	<b>E-MAIL ADDRESS:</b> certificates@staileycorp.com	
<b>INSURED</b> The Timbers Homeowners Association I, Inc. C/O The CO Property Mgmt Specialists, Inc. 19751 E Mainstreet, Suite 275 Parker CO 80138-	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Crum Forster Specialty		44520
	<b>INSURER B:</b> Owners Insurance Company		18988
	<b>INSURER C:</b> Pinnacol Assurance		41190
	<b>INSURER D:</b> Travelers Cas & Surety Co		31194
	<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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			GLO197021	09/30/2025	09/30/2026	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 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			4645916902	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4222433	09/30/2025	09/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Fidelity - Includes Management Co			105679192	09/30/2025	09/30/2026	\$7,500 Ded Limit \$750,000
D	Directors/Officers - Claims Made			106993357	09/30/2025	09/30/2026	\$1,000 Ded Limit \$1,000,000

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

PROPERTY COVERAGE Eff 9/30/25 to 09/30/2026 -- Westchester Surplus - Policy #D39185131003- Limit \$2,500,000; Excess Property - Landmark American Insurance Co. Policy #LHD954448 Limit \$2,500,000; Excess Property - Richmond National Policy #RN7050223702 Limit \$10,000,000; Excess Property Scottsdale Insurance Policy #SP12007802 - Limit \$80,614,278. TOTAL LIMIT OF INSURANCE \$95,614,278. \$100,000 Deductible all covered ` losses except 5% Wind/Hail Deductible. 394 Units; 103 Buildings. PROPERTY FORMS INCLUDE: 100% Replacemet Cost up to the Limit of Insurance. No Coinsurance; Special Form , Ordinance/Law Coverage A,B,C, No Inflation Guard. Equipment Breakdown - Travelers #8S206074 - Eff 09/30/25-09/30/26 - 10 day cancellation notice applies. Severability of Interest/Separation of Insured's included. \*\*PLEASE REFER TO ASSOCIATIONS LEGAL DOCUMENTS FOR INSURANCE RESPONSIBILITY FOR OWNERS vs ASSOCIATION\*\*.

**CERTIFICATE HOLDER****CANCELLATION**

AI 081809

Informational Certificate Only	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 