	Clie	ent#: 1	0862	93		ANDC	VGLE		
	ACORD. CER	TIFI	CA	TE OF LIABIL		JRANC	CE		m/dd/yyyy) 1 /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 any rights to the certificate holder in lieu of such endorsement(s).									
	DUCER	<u>.</u>			ontact Ame: Michele Brown				
USI Insurance Services, LLC					PHONE (A/C, No, Ext): 612-682-5023 FAX (A/C, No): 610-537				37-9630
8000 Norman Center Drive, Suite					E-Mail Address: michele.brown@usi.com				
400					INSURER(S) AFFORDING COVERAGE				NAIC #
Minneapolis, MN 55437									29424
INSURED Andover Glen Homeowners Association					INSURER B : Pinnacol Assurance Company				41190
	14307 East Layton Dr.		3300		INSURER C : Great American Assurance Company				26344
Aurora, CO 80015-1280					INSURER D :				
	,				INSURER E :				
0	/ERAGES C	ERTIFIC			INSURER F : REVISION NUMBER:				
					AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD				
IN CI E>	DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA	REQUIR Y PERT/ CH POL	EMEN AIN, 1	T, TERM OR CONDITION OF A THE INSURANCE AFFORDED B . LIMITS SHOWN MAY HAVE F	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, AVE BEEN REDUCED BY PAID CLAIMS.				
INSR LTR		INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)			LIMITS	
Α				34SBAUI9609	07/15/2024		EACH OCCURRENCE		0,000
	CLAIMS-MADE X OCCUR					-	DAMAGE TO RENTED PREMISES (Ea occurrenc		
		_					MED EXP (Any one person		
	GEN'L AGGREGATE LIMIT APPLIES PER:	-				-	PERSONAL & ADV INJUR GENERAL AGGREGATE	\$4,00	· ·
	V PRO-						PRODUCTS - COMP/OP		· ·
	POLICY JECT LOC OTHER:					-	FRODUCTS - COMP/OF /	\$	0,000
Α				34SBAUI9609	07/15/2024	07/15/2025	COMBINED SINGLE LIMI (Ea accident)	T \$2.00	0.000
	ANY AUTO						BODILY INJURY (Per pers		
	OWNED SCHEDULED AUTOS ONLY					-	BODILY INJURY (Per acci	ident) \$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-M/	DE				-	AGGREGATE	\$	
	DED RETENTION \$							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ N		4175746	08/01/2024	08/01/2025		OTH- ER	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$1,00	
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLO		
С	DÉSCRIPTION OF OPERATIONS below Directors & Officers			EPP971390117	07/15/2024		E.L. DISEASE - POLICY L \$1,000,000/ Ded		0,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
050									
CERTIFICATE HOLDER									
For Informational Purposes 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				
				Jaco Antonio A					

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