



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2024

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).

PRODUCER Anderson Ban Insurance LLC 7505 Village Sq Dr. Ste 203 Castle Pines North CO 80108	CONTACT NAME: Dalton Spanbauer PHONE (A/C No. Ext): 303-814-3558 FAX (A/C, No): 303-814-3637 E-MAIL ADDRESS: dalton.andersonban@gmail.com														
INSURED THE HEATHERRIDGE SOUTH ASSOCIATION C/O WestWind Management Group, LLC 27 Inverness Drive East Englewood CO 80112	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : United States Liability Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Westchester Surplus Lines Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C : Travelers Casualty and Surety Company</td> <td></td> </tr> <tr> <td>INSURER D : Greenwich Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E : Pinnacle Assurance</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United States Liability Insurance Company		INSURER B : Westchester Surplus Lines Insurance Company		INSURER C : Travelers Casualty and Surety Company		INSURER D : Greenwich Insurance Company		INSURER E : Pinnacle Assurance		INSURER F :	
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COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NPP1626071	1/1/2024	1/1/2025	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 \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP744000211	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$																
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			2330512	1/1/2024	1/1/2025	<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">PER STATUTE</td> <td style="text-align: center;">OTH-ER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> <td></td> <td>1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> <td></td> <td>1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> <td></td> <td>1,000,000</td> </tr> </table>		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
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B	Property			D39189094 001	1/1/2024	1/1/2025	Limit-\$55,796,500 DED-\$100,000																
C	D&O			107017615	1/1/2024	1/1/2025	Limit-\$1,000,000 DED-\$1,000																
C	Fidelity			107017615	1/1/2024	1/1/2025	Limit-\$1,010,000 DED-\$10,000																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 176 Units/100% Replacement Cost / Equip Breakdown Included/Ordinance or Law Included / No Co-Insurance/5% Wind/Hail DED / Unit owner should carry HO-6 Coverage & include loss assessment coverage to be determined by their agent. The Directors & Officers policy also covers Westwind Management Group LLC. Westwind Management Group LLC is also covered to the full crime/fidelity limit. INSURANCE IS FOR BUILDING COVERAGE AND GENERAL LIABILITY FOR THE ASSOCIATION'S COMMON AREAS ONLY. PLEASE REFER TO THE DECLARATIONS AND/OR BYLAWS FOR UNIT OWNER'S RESPONSIBILITIES. This certificate is a brief overview of protection. It does not take the place of the actual insurance policy. Coverage is subject to all terms, conditions, limitations and exclusions of the insurance policy. Please see the insurance policy for complete details.

CERTIFICATE HOLDER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	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 Dalton Spanbauer