

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/25/2025

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.

		ROGATION IS WAIVED, subject ertificate does not confer rights t				•	•	•	require an endorsement	. A sta	atement on
PRODUCER Allison Henderson Insurance Agency 5353 W Dartmouth Ave #201						CONTACT NAME: iCerts Support					
						PHONE (A/C, No, Ext): (A/C, No):					
Denver CO 80224					E-MAIL ADDRESS: CS@iCerts.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#
						INSURE	RA: TRUCK	INS EXCH			21709
Solterra Home Owners Association, Inc. 6860 S. Yosemite Ct. Suite 2000						INSURER B: GREENWICH INS CO				22322	
						INSURER C: PENNSYLVANIA MANUFACTURERS ASN INS C				12262	
						INSURER D:					
Centennial CO 80112							INSURER E:				
						INSURER F:					
COV	ER/	AGES CER	TIFIC	CATE	NUMBER: 415958220				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	NSR ADDL SUBR			DLLINI	POLICY EFF	POLICY EXP					
LTR	V	TYPE OF INSURANCE	INSD	WVD				(MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY	Y		60705-16-67		9/7/2025	9/7/2026	EACH OCCURRENCE	\$3,000	,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$75,00	0

LTR TTPE OF INSURANCE		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
Α	A X COMMERCIAL GENERAL LIABILITY		Υ		60705-16-67	9/7/2025	9/7/2026	EACH OCCURRENCE	\$3,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ Included
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$6,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY	Y		60705-16-67	9/7/2025	9/7/2026	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В		UMBRELLA LIAB X OCCUR			PPP7498863	9/7/2025	9/7/2026	EACH OCCURRENCE	\$ 10,000,000
	Х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 10,000,000
		DED X RETENTION \$ None							\$
С		RKERS COMPENSATION EMPLOYERS' LIABILITY			2025011486711Y	9/7/2025	9/7/2026	X PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								
See	Atta	ached							
CEF	RTIF	ICATE HOLDER			CANC	ELLATION			

See Attached	
CERTIFICATE HOLDER	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.
*Evidence of Insurance*	AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID:	
LOC#	



## **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Allison Henderson Insurance Agency	NAMED INSURED Solterra Home Owners Association, Inc. 6860 S. Yosemite Ct.				
POLICY NUMBER	Suite 2000 Centennial CO 80112				
CARRIER NAIC CODE					
	EFFECTIVE DATE:				
ADDITIONAL DEMARKS					

CARRIER	NAIC CODE						
		EFFECTIVE DATE:					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,						
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF		SURANCE					
COVERAGE: Crime/HOA Fidelity INSURER: Truck Insurance Exchange POLICY NUMBER: 60705-16-67 LIMIT: \$100,000 DEDUCTIBLE: \$1,000 POLICY DATES: 09/07/2025 to 09/07/2026							
COVERAGE: Directors and Officers INSURER: Truck Insurance Exchange POLICY NUMBER: 60705-16-67 LIMIT: \$2,000,000 DEDUCTIBLE: \$2,500 POLICY DATES: 09/07/2025 to 09/07/2026							
If Mortgagee is listed as Certificate Holder, then Holder is recogniz	ed as Mortgag	ee. Subject to policy limits and exclusions.					
Severability of liability is included.							
Overlook Property Management, Inc. is named as additional insure	ed for general li	iability, auto liability, crime and directors and officers coverage.					