



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/7/2025

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).

PRODUCER MarshMcLennan Agency LLC 6160 Golden Hills Drive Minneapolis MN 55416	CONTACT NAME: PHONE (A/C, No, Ext): 763-746-8000 E-MAIL ADDRESS: condocerts@marshmma.com	FAX (A/C, No): 763-746-8388
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Cincinnati Specialty Underwriters		13037
INSURER B: Greenwich Insurance Company		22322
INSURER C: Pennsylvania Manufacturers' Assoc Ins.		12262
INSURER D: Travelers Cas & Surety Co of America		31194
INSURER E: Falls Lake Fire & Casualty Company		15884
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 2035537360**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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CSU0220669	11/11/2025	11/11/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 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 <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) \$ \$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7499902	11/11/2025	11/11/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			2025011497544Y	11/11/2025	11/11/2026	<input 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	Crime-Fidelity Coverage			108161769	11/11/2025	11/11/2026	\$2,700,000 limit	\$27,000 deductible
E	Building Coverage			AIN615720	11/11/2025	11/11/2026	\$98,375.335 \$25,000 Ded. **	Total limit Special Form

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

All In Coverage including Improvement & Betterments; 114 bldgs / 228 total units
**5% per building Wind-Hail Deductible applies
\$25,000 per building Water Damage/Ice Dam Deductible applies
Replacement Cost coverage applies EXCEPT for Actual Cash Value on roofs
Building Ordinance Coverage: Coverage A included within building limit; Coverages B & C - 20% of the building limit not to exceed \$2,000,000
Equipment Breakdown Coverage is not included
Severability of Interest included in the General Liability policy form
Directors & Officers Liability with Federal Insurance Policy #J06745246; 11/11/2025-11/11/2026: \$1,000,000 limit / \$2,500 deductible
10 days notice of cancellation for non-payment of premium

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes

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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Cimarron Ponds Homeowners Association, Inc.

Master insurance Policy Broker	MarshMcLennan Agency	
Policy Period	11-11-2025 to 11-11-2026	
Insurance Carrier	Falls Lake Fire & Casualty Company	
Association Building Coverage	All In Coverage	
Items covered by master policy <i>(Items <u>not checked</u> need be covered on your personal HO-6 Policy)</i>	X	Ceiling Finishing Materials
	X	Wall Finishing Materials
	X	Carpeting
	X	Finished Flooring (other than carpeting)
	X	Cabinetry
	X	Finished Millwork
	X	Electrical Fixtures serving a single unit
	X	Plumbing Fixtures serving a single unit
	X	Heating, ventilating & air conditioning equipment serving a single unit
	X	Built-in Appliances
	X	Other improvements and betterments (installed by any unit owner)
Master Insurance Standard Property Deductible	\$25,000 per occurrence	
Other Deductibles/ Policy Conditions	<ul style="list-style-type: none"> • Wind/Hail Deductible -- 5% of Building limit subject to a minimum of \$100,000 per occurrence • Water Damage Deductible – \$25,000 per building (for all water related claims) 	
To submit a claim	Contact a board member or property manager Alert your personal agent	
Other questions, please contact	Debbie Mee #763-746-8268 debbie.mee@marshmma.com	
To request a proof of coverage (Certificate of Insurance)	Visit https://mma.marshmma.com/Condo_Cert_RequestForm	

Unit Owner Letter – Give to Personal Insurance Agent

Be sure to discuss with your personal agent how to protect yourself in the event of a loss. Some common exposures are:

- Building Coverage A
- Loss Assessment
- Sewer Backup/Sump Pump Failure
- Losses under the master policy property deductible.

Disclaimer: No coverage is provided by this summary, nor can it be construed to replace any provision of the policy. Refer to the actual policy for complete information on the coverages provided. If there is a conflict between the policy and this summary, the provisions of the policy shall govern.