



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2023

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> MarshMcLennan Agency LLC 6160 Golden Hills Drive Minneapolis MN 55416	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 763-746-8000 <b>FAX (A/C, No):</b> 763-746-8388 <b>E-MAIL ADDRESS:</b> condocerts@marshmma.com
<b>INSURED</b> Cimarron Ponds Homeowners Assn, Inc. c/o Molly Reidhead 1020 Zanzibar Lane N. Plymouth MN 55447-0261	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Specialty Underwriters <b>INSURER B:</b> Greenwich Insurance Company <b>INSURER C:</b> Federal Insurance Company <b>INSURER D:</b> HDI Global Specialty SE <b>INSURER E:</b> Pennsylvania Manufacturers' Assoc Ins. <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:** 592849571**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 <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0220669	11/11/2023	11/11/2024	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 \$	
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			9127066	11/11/2023	11/11/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$	
E	<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	2023011497544Y	11/11/2023	11/11/2024	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
C	Crime-Fidelity Coverage			82640776	11/11/2023	11/11/2024	\$2,500,000 limit	\$10,000 deductible
D	Building Coverage			GEP1125423	11/11/2023	11/11/2024	\$95,823.535 \$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; 114 bldgs / 228 total units  
\*\*10% Wind-Hail Deductible applies  
HDI Global Specialty SE #GEP1125423; \$5,000,000 primary property limit  
Kinsale Insurance Co. #01002685990; \$5 mil limit excess of \$5 mil primary property policy  
Palomar Excess & Surplus Insurance Co. #CENPP22202325100; \$15 mil excess limit of \$10 mil property coverage  
Homeland Insurance Co of NY #795024213; TIV excess of \$25 mil property coverage  
Building Ordinance Coverage not included  
Equipment Breakdown Coverage not included  
See Attached...

**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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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY MarshMcLennan Agency LLC		NAMED INSURED Cimarron Ponds Homeowners Assn, Inc. c/o Molly Reidhead 1020 Zanzibar Lane N. Plymouth MN 55447-0261	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Severability of Interest included in the General Liability policy form  
Directors & Officers Liability with Federal Insurance Policy #82640776; 11/11/2023-11/11/2024: \$1,000,000 limit / \$2,500 deductible  
10 days notice of cancellation for non-payment of premium

## Cimarron Ponds Homeowners Association, Inc.

<b>Master insurance Policy Broker</b>	MarshMcLennan Agency																						
<b>Policy Period</b>	11/11/2023 to 11/11/2024																						
<b>Insurance Carrier</b>	HDI Global Specialty, Kinsale, Palomar E&S & Homeland Insurance Co of New York																						
<b>Association Building Coverage</b>	All In Coverage																						
<b>Items covered by master policy</b>	<table> <tr><td>x</td><td>Ceiling Finishing Materials</td></tr> <tr><td>x</td><td>Wall Finishing Materials</td></tr> <tr><td>x</td><td>Carpeting</td></tr> <tr><td>x</td><td>Finished Flooring (other than carpeting)</td></tr> <tr><td>x</td><td>Cabinetry</td></tr> <tr><td>x</td><td>Finished Millwork</td></tr> <tr><td>x</td><td>Electrical Fixtures serving a single unit</td></tr> <tr><td>x</td><td>Plumbing Fixtures serving a single unit</td></tr> <tr><td>x</td><td>Heating, ventilating &amp; air conditioning equipment serving a single unit</td></tr> <tr><td>x</td><td>Built-in Appliances</td></tr> <tr><td>x</td><td>Other improvements and betterments (installed by any unit owner)</td></tr> </table>	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)
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<b>Master Insurance Standard Property Deductible</b>	\$25,000 per occurrence																						
<b>Other Deductibles/ Policy Conditions</b>	<ul style="list-style-type: none"> <li>• Wind/Hail Deductible -- 10% of property limit (approximately \$42,000 per unit owner)</li> <li>• <b><u>Master policy includes the following endorsements:</u></b> Cosmetic Damage Roof Surfacing Exclusion Water/sewer backup exclusion</li> </ul>																						
<b>To submit a claim</b>	Contact a board member or property manager Alert your personal agent																						
<b>Other questions, please contact</b>	Tracey Lund 763-746-8280 <a href="mailto:Tracey.Lund@MarshMMA.com">Tracey.Lund@MarshMMA.com</a>																						
<b>To request a proof of coverage (Certificate of Insurance)</b>	Visit <a href="https://mma.marshmma.com/Condo_Cert_RequestForm">https://mma.marshmma.com/Condo_Cert_RequestForm</a>																						

### 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.*