

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/15/2025

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.

| | | BROGATION IS WAIVED, subject ertificate does not confer rights t | | | | • | • | • | require an endorsement | . A st | atement on |
|------------------------------------|--------------|--|-----------------------|--|--|--|--|---|--|--------|------------|
| PROI | | | 0 1110 | 0011 | mouto notati in nota or or | CONTA | | | | | |
| USI Insurance Services, LLC | | | | | PHONE FAX | | | | | | |
| One South Nevada Avenue, Suite 230 | | | | (A/C, No, Ext): 877-456-3643 (A/C, No): E-MAIL ADDRESS: help@eoidirect.com | | | | | | | |
| Co | lora | ado Springs, CO 80903 | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| (7 | L9) | 228-1070 | | | | INSURER A: Cincinnati Specialty Underwriters Ins | | | | ITAIO# | |
| INSU | RED | | | | | INSURER B: Ohio Security Insurance Company | | | | | |
| Th | е В | oulders Broadmoor Filing No | 0 1 | and | 1-A | INSURER C: | | | | | |
| c/ | o Ro | owCal Management CO, LLC | | | | INSURE | | | | | |
| 97 | 05 4 | 45th Ave N #421150 | | | | INSURER E : | | | | | |
| Mi | nne | apolis, MN 55442 | | | | INSURE | | | | | |
| CO | /ER | AGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | |
| IN CE E) | DIC/ ERTI | S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH | QUIR PERT POLIC | REMEI AIN, CIES. | NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE | OF AN' ED BY | Y CONTRACT THE POLICIE: REDUCED BY I | OR OTHER I S DESCRIBEI PAID CLAIMS. | DOCUMENT WITH RESPECT TO | CT TO | WHICH THIS |
| INSR LTR | | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | s | |
| A | Χ | COMMERCIAL GENERAL LIABILITY | | | CSU0015092 | | 11/30/2024 | 11/30/2025 | | \$1,0 | 00,000 |
| | | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300 | ,000 |
| | | | | | | | | | MED EXP (Any one person) | \$ Exc | luded |
| | | | | | | | | | PERSONAL & ADV INJURY | \$1,0 | 00,000 |
| | GEN | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,0 | 00,000 |
| | Χ | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,0 | 00,000 |
| | | OTHER: | | | | | | | Hired/Non Owned | \$ Inc | luded |
| | AUT | TOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | |
| | | ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ | |
| | | OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | |
| | | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | | DED RETENTION \$ | | | | | | | | \$ | |
| | | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | |
| | ANY | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | N/A | | | | | | E.L. EACH ACCIDENT | \$ | |
| | (Man | ndatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | DES | s, describe under CRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| В | Ass | sociation | | | BFS2459268608 | | 11/30/2024 | 11/30/2025 | Replacement Cost - | Agre | ed Value |
| | Con | mmon Area Property | | | | | | | \$175,427 Limit - \$ | 1,000 | Deductible |
| | | | | | | | | | | | |
| | | TION OF OPERATIONS / LOCATIONS / VEHICL CERTIFICATE FOR INFO ONLY, | • | | • | le, may b | e attached if more | e space is require | ed) | | |
| | | tached | ., 1 | /A, | CO 00000-0000 | | | | | | |
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| | | | | | | | | | | | |
| CEI | TIE | SICATE HOLDER | | | | CANO | ELLATION | | | | |
| CERTIFICATE HOLDER | | | | ONITOLILATION | | | | | | | |
| MASTER CERTIFICATE | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | |
| • | | | | | | | EREOF, NOTICE WILL E BY PROVISIONS. | BE DEI | LIVERED IN | | |
| N/Z | | CO 00000-0000 | | | | ^~ | CUDAINCE MI | IIIL FOLIC | TI ROVIDIONS. | | |
| | | Jumber: N/A | | | | AUTHO | RIZED REPRESE | NTATIVE | A 0 | ; | |
| Boar Namber - 11/15 | | | | | Estate | | | | | | |

| Δ | GENCY | CHST | OMER ID | BOUL | DBRO1 |
|---|-------|------|----------|--------------------------|-------|
| _ | GENCI | CUSI | OWIER ID | | |

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 **of** 2

| AGENCY | | NAMED INSURED | | |
|------------------------|--|--|--|--|
| USI Insurance Services | | The Boulders Broadmoor Filing No 1 and 1-A | | |
| POLICY NUMBER | | c/o RowCal Colorado LLC | | |
| | | 9705 45th Ave N #421150 | | |
| CARRIER NAIC CODE | | Minneapolis, MN 55442 | | |
| | | EFFECTIVE DATE: 11/30/2024 | | |

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|---|---------------------------------------|--|--|--|--|--|
| | EFFECTIVE DATE: 11/30/2024 | | | | | |
| ADDITIONAL REMARKS | | | | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, | | | | | | |
| FORM NUMBER: FORM TITLE: | | | | | | |
| If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. Special causes of loss excluding earthquake and flood. Subject to policy limits and exclusions. | | | | | | |
| Locations must be shown on policy for coverage to apply. | | | | | | |
| Severability of Liability is included | | | | | | |
| Equipment Breakdown is included. | | | | | | |
| Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured: RowCal Management CO, LLC 9705 45th Ave N #421150 Minneapolis, MN 55442 | | | | | | |
| COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: Continental Casualty Company POLICY NUMBER: 0619084792 LIMIT: \$800,000 DEDUCTIBLE: \$5,000 POLICY DATES: 11/30/2024 to 11/30/2025 | | | | | | |
| COVERAGE: Comm Asso Liab (Directors & Officers) INSURER: Continental Casualty Company POLICY NUMBER: 0619084792 LIMIT: \$1,000,000 DEDUCTIBLE: \$1,000 AGGREGATE: \$1,000,000 POLICY DATES: 11/30/2024 to 11/30/2025 | | | | | | |
| 100% Replacement Cost applies up to the limit Agreed Value Wind/Hail Coverage is included Waiver of Subrogation in favor of owners applies This is the only complex covered under the policies listed on the certificate. | | | | | | |

Cancellation - 10 days prior to cancellation date