



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2026

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><br>LaBarre/Oksnee Insurance<br>30 Enterprise, Suite 180<br>Aliso Viejo CA 92656 |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 800-698-0711<br><b>FAX (A/C, No):</b> 949-588-1275<br><b>E-MAIL ADDRESS:</b> proof@hoa-insurance.com |               |
|                                                                                                 |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                      | <b>NAIC #</b> |
|                                                                                                 |  | <b>INSURER A:</b> PMA Insurance Group                                                                                                                     | 12262         |
|                                                                                                 |  | <b>INSURER B:</b> Scottsdale Insurance Company                                                                                                            | 15580         |
|                                                                                                 |  | <b>INSURER C:</b> CNA                                                                                                                                     | 20443         |
|                                                                                                 |  | <b>INSURER D:</b> Spinnaker Insurance Company                                                                                                             | 24376         |
|                                                                                                 |  | <b>INSURER E:</b> Evanston Insurance                                                                                                                      | 35378         |
|                                                                                                 |  | <b>INSURER F:</b>                                                                                                                                         |               |

**COVERAGES****CERTIFICATE NUMBER:** 1209165176**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                                                                                                                                                                                                                                                          |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|----------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y                                 |          | 3AA992779      | 3/28/2026               | 3/28/2027               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 1,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ Excluded<br>GL Deductible \$ 500 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                          |                                   |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                           |
| D        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                                           |                                   |          | PPP4002425     | 3/28/2026               | 3/28/2027               | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000<br>\$                                                                                                                                                                                                  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y / N<br><input type="checkbox"/> | N / A    | 2026011593979Y | 3/1/2026                | 3/1/2027                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                                       |
| B        | Property                                                                                                                                                                                                                                                                                                                   |                                   | Y        | CPS8406271     | 3/28/2026               | 3/28/2027               | \$2,500 Deductible* \$1,000,000                                                                                                                                                                                                                                 |
| C        | Crime/Fidelity Bond                                                                                                                                                                                                                                                                                                        |                                   | Y        | 618719155      | 3/28/2026               | 3/28/2027               | \$25,000 Deductible \$3,000,000                                                                                                                                                                                                                                 |
|          | Directors & Officers                                                                                                                                                                                                                                                                                                       |                                   |          | 768652920      | 3/28/2026               | 3/28/2027               | \$10,000 Deductible \$1,000,000                                                                                                                                                                                                                                 |

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

HOA consists of 721 units. Located in Colorado Springs, CO 80904.

Management Company is Additionally Insured on the General Liability, D&amp;O Liability, and Fidelity Bond.

See 2nd page of certificate of insurance for further coverage information.

See Attached...

**CERTIFICATE HOLDER****CANCELLATION**RowCal  
PO Box 421150  
Minneapolis MN 55442

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<br>LaBarre/Oksnee Insurance |           | NAMED INSURED<br>Kissing Camels Property Owners Association<br>c/o RowCal<br>PO Box 421150<br>Minneapolis MN 55442 |  |
| 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

Coverage is for COMMON AREAS ONLY

\*SPLIT Deductible Information:

AOP Deductible - \$2,500

Wind/Hail Deductible - 2% Subject to \$5,000 Minimum

Water Deductible - \$5,000

Coverage Includes:

Special Form with 100% Replacement Cost including common area elements

Additional Property Limit of \$25,000 for Trees/Shrubs

Wind/Hail (excludes direct loss to Trees/Shrubs)

Severability of Interest / Separation of Insureds

Computer Fraud & Transfer Fraud

80% Co-Insurance

D&O is a claims-made policy