ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2026

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).

PRODUCER Ella Washington Group 923 E Prospect Rd Fort Collins CO 80525	**CONTACT NAME:** Ella Washington **PHONE (A/C, No, Ext):** 303-530-3444 **FAX (A/C, No):** **E-MAIL ADDRESS:** ella@washingtoninsurance.group
INSURED Three Seasons Condominium Owners' Association, Inc	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Continental Casualty Company (CNA) **INSURER B :** Nautilus Insurance Company **INSURER C :** Certain Underwriters at Lloyd's, London — AA1122 **INSURER D :** Westchester Surplus Lines Insurance Company **INSURER E :** ACE American Insurance Company **INSURER F :** PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSU

COVERAGES **CERTIFICATE NUMBER:** **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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	**COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			NN2053592	09/25/2026	09/25/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ Excluded $ 1,000,000 $ 2,000,000 $ Included
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
C	Buildings, Contents, Outdoor Unscheduled Property, Plants Lawns Trees Shrubs, Service Interruption,			Multiple	09/25/2026	09/25/2027	Limit:	$$25,000,000, $105,000

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

This Policy '768729172' has Other Coverage 'Association Liability: Claims-made coverage; Privacy Event Response Costs: Sublimit, part of aggregate; Immigration Claims Defense Costs: Sublimit applies; Defense Costs: Per endorsement, defense costs do not erode the liability limit; Mediation Retention Reduction: If resolved via mediation within 60 days; Proceeding Expenses Reimbursement: For trial/hearing attendance; Settlement Retention Credit: If initial settlement offer accepted within 30 days' With Limit 'See Declarations; $100,000 aggregate; See Declarations; In addition to limit; Up to $10,000 or 50%; $250/day, $2,500 max per claim; Up to $10,000 or 10%'. Carrier: 'Continental Casualty Company

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.

AUTHORIZED REPRESENTATIVE

Ella Washington

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Ella Washington Group	Three Seasons Condominium Owners' Association, Inc
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

(CNA)', Effective Date: '09/25/2026', Expiration Date: '09/25/2027'.
This Policy 'AN1401273' has Other Coverage 'Commercial Umbrella - Each Occurrence Limit and Aggregate Limit' With Limit '$5,000,000'. Carrier: 'Nautilus Insurance Company', Effective Date: '09/25/2026', Expiration Date: '09/25/2027'.
This Policy '4126010882324Y' has Other Coverage 'Employee Theft (Includes property manager, board members, volunteer workers)' With Limit '$400,000'. Carrier: 'PENNSYLVANIA MANUFACTURERS' ASSOCIATION INSURANCE COMPANY', Effective Date: '09/25/2026', Expiration Date: '09/25/2027'.
This Policy 'G50030581 001' has Other Coverage 'Pollution/Environmental Liability coverage for Three Seasons Condominium Owners' Association, Inc. Includes Cleanup Costs for New Pollution Conditions and Bodily Injury & Property Damage for New Pollution Conditions. Retroactive Date: Policy Inception. Policy Aggregate Limit applies.' With Limit '$1,000,000'.
Carrier: 'Westchester Surplus Lines Insurance Company', Effective Date: '09/25/2026', Expiration Date: '09/25/2027'.

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