/	ACORD CERT	TIFIC	CATE OF LIA	BIL	ITY IN	SURA	NCE	DATE	MM/DD/YYYY) 2016					
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.														
tł	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).													
	DUCER	(CONTA NAME:										
CB Insurance, LLC					PHONE (A/C, No, Ext): 719-228-1070 (A/C, No):									
1 South Nevada Ave., Suite 105 Colorado Springs CO 80903					ADDRESS: PRODUCER CUSTOMER ID #: JACKCRE-01									
				INSURER(S) AFFORDING COVERAGE NAIC #										
INSU	JRED			INCLIDE										
Jac	ckson Creek Filing #5 HOA,	Inc.			INSURER A: Auto-Owners Insurance									
	alanced Bookkeeping			INSURE										
). Box 25696 Lorado Springs CO 80936			INSURE										
	torado springs co objio			INSURER D :										
					INSURER E :									
		TIFICAT		INSURER F :										
			TE NUMBER: 121432115				REVISION NUMBER:	V						
	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 SUE			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s						
A	GENERAL LIABILITY		74134392		9/1/2016	9/1/2017	EACH OCCURRENCE	\$1,00	0,000					
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000					
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$10,0	0 0					
							PERSONAL & ADV INJURY	\$1,00	0,000					
							GENERAL AGGREGATE	\$2,00						
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,00						
	PRO-						FRODUCTS - COMF/OF AGG	\$ \$.,					
A	AUTOMOBILE LIABILITY		74134392		9/1/2016	9/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000					
	ANY AUTO						BODILY INJURY (Per person)	\$						
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$						
	SCHEDULED AUTOS X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$						
	X NON-OWNED AUTOS							\$ \$						
	UMBRELLA LIAB						EACH OCCURRENCE	\$						
	CEAINIS-WADE						AGGREGATE	\$						
								\$						
⊢	RETENTION \$ WORKERS COMPENSATION \$						WC STATU- OTH-	\$						
	AND EMPLOYERS' LIABILITY Y / N						TORY LIMITS ER	•						
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$						
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE							
⊢	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$						
If	CRIPTION OF OPERATIONS/LOCATIONS/VEHIC Mortgagee is listed as Cer own on policy for coverage	tifica	ate Holder, then Ho		•	• •	Mortgagee. Locat	ions	must be					
See	Attached													
CE	RTIFICATE HOLDER			CAN	CANCELLATION									
MASTER CERTIFICATE XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX					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 Dandre Mc Mallie									

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AGENCY CUSTOMER ID: JACKCRE-01

		LOC #:		
ACORD [®] ADDITIONA		ARKS SCHEDULE	Page ₁	of
AGENCY CB Insurance, LLC		NAMEDINSURED Jackson Creek Filing #5 HOA, Inc. %Balanced Bookkeeping		
POLICY NUMBER		P.O. Box 25696 Colorado Springs CO 80936		
CARRIER	NAIC CODE	EFFECTIVE DATE:		
ADDITIONAL REMARKS				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,			
FORM NUMBER: 25 FORM TITLE: CERTIFICATE		LITY INSURANCE		
Fidelity Policy Named Insured Includes Prope Balanced Bookkeeping PO Box 25696 Colorado Springs, CO 80936 COVERAGE: Crime/Fidelity/Employee Dishonesty INSURER: CNA Insurance POLICY NUMBER: 100097434401 LIMIT: \$50,000 DED: \$250		gement Company:		
POLICY DATES: 9/1/2016 To 9/1/2017 COVERAGE: Directors & Officers Liability INSURER: CNA Insurance POLICY NUMBER: 100097434401 LIMIT: \$1,000,000 DED: \$1,000 POLICY DATES: 9/1/2016 To 9/1/2017				
AG				