



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2024

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 MarshMcLennan Agency LLC 6160 Golden Hills Drive Minneapolis MN 55416	CONTACT NAME: PHONE (A/C. No. Ext): 763-746-8000 FAX (A/C. No.): 763-746-8388 E-MAIL ADDRESS: condocerts@marshmma.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED CIMARPONDS Cimarron Ponds Homeowners Assn, Inc. c/o Molly Reidhead 1020 Zanzibar Lane N. Plymouth MN 55447-0261	INSURER A: Cincinnati Specialty Underwriters	13037
	INSURER B: Greenwich Insurance Company	22322
	INSURER C: Pennsylvania Manufacturers' Assoc Inc.	12262
	INSURER D: Travelers Cas & Surety Co of America	31194
	INSURER E: Falls Lake Fire & Casualty Company	15884
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 191404523

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0220669	11/11/2024	11/11/2025	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
								\$
	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7499902	11/11/2024	11/11/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	2024011497544Y	11/11/2024	11/11/2025	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	Crime-Fidelity Coverage			108161769	11/11/2024	11/11/2025	\$2,700,000 limit	\$27,000 deductible
E	Building Coverage			AIN615720	11/11/2024	11/11/2025	\$95,723,443 \$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
 **5% per building Wind-Hail Deductible applies
 \$25,000 per building Water Damage/Ice Dam Deductible applies
 Replacement Cost coverage applies EXCEPT for Actual Cash Value on roofs
 Building Ordinance Coverage: Coverage A included within building limit; Coverages B & C - 20% of the building limit not to exceed \$2,000,000
 Equipment Breakdown Coverage is not included
 Severability of Interest included in the General Liability policy form
 Directors & Officers Liability with Federal Insurance Policy #82640776; 11/11/2024-11/11/2025: \$1,000,000 limit / \$2,500 deductible
 10 days notice of cancellation for non-payment of premium

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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Cimarron Ponds Homeowners Association, Inc.

Master insurance Policy Broker	MarshMcLennan Agency																						
Policy Period	11/11/2024 to 11/11/2025																						
Insurance Carrier	Falls Lake Fire & Casualty Company																						
Association Building Coverage	All In Coverage																						
Items covered by master policy	<table border="1"> <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 & 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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Master Insurance Standard Property Deductible	\$25,000 per occurrence																						
Other Deductibles/ Policy Conditions	<ul style="list-style-type: none"> • Wind/Hail Deductible -- 5% of building limit (average of \$21,000 per unit owner) • Water Damage/Ice Dam Deductibles - \$25,000 per building (for all water related claims) • Master policy includes the following endorsements: Cosmetic Loss to Roof Coverings or Siding Exclusion Actual Cash Value on roofs older than 15 years 																						
To submit a claim	Contact a board member Alert your personal agent																						
Other questions, please contact	Tracey Lund 763-746-8280 Tracey.Lund@MarshMMA.com																						
To request a proof of coverage (Certificate of Insurance)	Visit https://mma.marshmma.com/Condo_Cert_RequestForm																						

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.