



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/08/2025

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. 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		CONTACT NAME: Dalton Spanbauer PHONE (A/C, No. Ext): 303-814-3558 E-MAIL ADDRESS: dalton.andersonban@gmail.com
Anderson Ban Insurance LLC 7505 Village Sq Dr. Ste 203		INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Company INSURER B: Vantage Risk Specialty Insurance Company INSURER C: Travelers Casualty and Surety Company INSURER D: Greenwich Insurance Company INSURER E: Pinnacol Assurance INSURER F: WELLFLEET INSURANCE COMPANY
Castle Pines North CO 80108		NAIC #
INSURED THE HEATHERRIDGE SOUTH ASSOCIATION C/O WestWind Management Group, LLC 27 Inverness Drive East Englewood CO 80112		

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.

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			NPP1626071B	12/01/2025	12/01/2026	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
							GENERAL AGGREGATE	\$ 2,000,000	
F	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			MP0000841125	05/15/2025	05/15/2026	PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							AD&D	\$ 25,000	
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PPP744000212	12/01/2025	12/01/2026	EACH OCCURRENCE	\$ 15,000,000	
							AGGREGATE	\$ 15,000,000	
								\$	
E	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	N / A	2330512	01/01/2025	01/01/2026	PER STATUTE	OTHE- R	
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
B	Property			A1N615829	12/01/2025	12/01/2026	\$63,148,740 Special		DED-\$25,000
C	D&O			108391075	12/01/2025	12/01/2026	Limit-\$1,000,000		DED-\$1,000
C	Fidelity			108391075	12/01/2025	12/01/2026	Limit-\$1,010,000		DED-\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
43 Buildings / 176 Units / 100% Replacement Cost / Equip Breakdown Included/Ordinance or Law Included / No Co-Insurance / 5% Wind/Hail
DED / Unit owner should carry HO-6 Coverage & include loss assessment coverage to be determined by their agent. The Directors & Officers policy also covers Westwind Management Group LLC. Westwind Management Group LLC is also covered to the full crime/fidelity limit.
INSURANCE IS FOR BUILDING COVERAGE AND GENERAL LIABILITY FOR THE ASSOCIATION'S COMMON AREAS ONLY. PLEASE REFER TO THE DECLARATIONS AND/OR BYLAWS FOR UNIT OWNER'S RESPONSIBILITIES. This certificate is a brief overview of protection. It does not take the place of the actual insurance policy. Coverage is subject to all terms, conditions, limitations and exclusions of the insurance policy. Please see the insurance policy for complete details.

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 Dalton Spanbauer

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