



# PROPERTY ENDORSEMENT

Named Member:	Property Form No.: <b>CSD Pool – APR 2017 - 2018</b>
Certificate Number:	Effective Endorsement Date:
Issued By: <b>Colorado Special Districts Property and Liability Pool</b>	

**THIS ENDORSEMENT CHANGES THE MEMBER PROPERTY COVERAGE  
PLEASE READ IT CAREFULLY**

## COSMETIC DAMAGE WAIVER

This endorsement modifies insurance provided under the following:

### PROPERTY COVERAGE

The following is added to SECTION 4 COVERAGE:

#### AB. COSMETIC DAMAGE WAIVER

In consideration of a Property Contribution Credit associated with the building structure annual contribution for the above-referenced Property Form, the above **Member District** agrees to the following with respect to loss or damage by wind and/or hail to a building or structure identified in the **Member District** property schedule on file with the Pool.

The Pool will not pay for cosmetic damage to roof surfacing caused by wind and/or hail. For the purpose of this endorsement:

- Roof surfacing means the shingles, tiles, cladding, metal or synthetic sheeting or similar materials covering the roof and includes all materials used in securing the roof surface and all materials applied to or under the roof surface for moisture protection, as well as roof flashing, vent covers and gutters.
- Cosmetic damage means that the wind and/or hail caused marring, pitting or other superficial damage that altered the appearance of the roof surfacing, but such damage does not prevent the roof from continuing to function as a barrier to entrance of the elements to the same extent as it did before the cosmetic damage occurred.

However, there is excepted from, and this Cosmetic Damage Waiver shall not apply to, cosmetic damage to front entry, visibly apparent areas of roof surfacing composing less than 25% of the roof area of the scheduled building or structure. The Pool will pay for cosmetic damage to such areas, limited to less than 25% of the roof area of the scheduled building or structure, subject to all other terms, conditions and exclusions of this Coverage Document.

By: \_\_\_\_\_  
**Member District’s Duly Authorized Representative** **Date**

Print Name and Title: \_\_\_\_\_

**District Board must sign and return an original copy to:  
CSD Pool c/o McGriff, Seibels & Williams, Inc. | P.O. Box 1539 | Portland, OR 97207-1539**