

**Lakeside Yacht Club Homeowners Association
c/o Realty One, Inc.
1630 Carr Street, Suite D
Lakewood CO 80214
303.237.8000**

Master Insurance Policy

Request for:

Mortgage Certificate of Insurance or a Master Insurance Policy

Carrier: Travelers Casualty Insurance Company

Policy # 680-5255M201-18-42 Policy Period: 8/24/18-8-8/24/19

Broker Information:

Tyne Hall
All Colorado Insurance Services, Inc.
9725 Hampden Ave, Ste 320
Denver, CO 80231

303.481.8177
303.847.0409 (fax)



RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
CONDOMINIUM PAC
BUSINESS: CONDO - 5-12 UN

POLICY NO.: 680-5255M201-18-42
ISSUE DATE: 06/29/2018

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

LAKESIDE YACHT CLUB
CONDOMINIUM ASSOC, INC.
C/O REL MANAGEMENT, INC.
1450 S HAVANA ST
STE 804
AURORA CO 80012

2. POLICY PERIOD: From 08/24/2018 to 08/24/2019 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

Table with 4 columns: PREM. NO., BLDG. NO., OCCUPANCY, ADDRESS (same as Mailing Address unless specified otherwise). Row 1: 001, ALL, CONDO 5-12, 6830 XAVIER CIR # 6850 WESTMINSTER CO 80030

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

Table with 2 columns: COVERAGE PARTS AND SUPPLEMENTS, INSURING COMPANY. Row 1: Businessowners Coverage Part, ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse - ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

Table with 3 columns: POLICY, POLICY NUMBER, INSURING COMPANY

DIRECT BILL

7. PREMIUM SUMMARY:

Table with 2 columns: Description, Amount. Row 1: Provisional Premium, \$ 11,227.00. Row 2: Due at Inception, \$. Row 3: Due at Each, \$.

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

ALL COLORADO INS SERVS G3400
9725 E HAMPDEN AVE STE 330

DENVER CO 80231-4918

Authorized Representative

DATE: 06/29/2018



One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: 680-5255M201-18-42

ISSUE DATE: 06/29/2018

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:

From 08-24-18 to 08-24-19 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 5,000 per occurrence.
 Building Glass: \$ 5,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001 BUILDING NO.: ALL

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 4,114,658 Blanket Limit	RC*	N/A	0.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.