

**Glenridge Square Condominium Association
c/o Realty One, Inc.
1630 Carr Street, Suite D
Lakewood CO 80214
303.237.8000**

Master Insurance Policy

Mortgage Certificate of Insurance or a Master Insurance Policy

Carrier: Allied World Surplus Lines Insurance Co.
Policy Period: 8/15/19-8/15/20

Broker Information:

Assured Partners Colorado
4582 S. Ulster Street, Suite 600
Denver, CO 80237

303.863.7788
303.861.7502 (fax)



GLENRID-01

C1DMOORE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/15/2019

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 AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	CONTACT NAME:	
	PHONE (A/C, No, Ext): (303) 863-7788	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Scottsdale Insurance Company		41297
INSURER B : Pennsylvania Manufacturers' Association Insurance Company		12262
INSURER C : Great American Insurance Company		16691
INSURER D : Travelers Casualty & Surety Co of America		31194
INSURER E :		
INSURER F :		

INSURED
Glen Ridge Square Condominium Association
c/o Realty One, Inc.
1630 Carr St, Suite D
Lakewood, CO 80214

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPS3248443	08/15/2019	08/15/2020	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 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPS3248443	08/15/2019	08/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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	201901-10-29-29-7Y	08/15/2019	08/15/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers			EPPE295438-01	08/15/2019	08/15/2020	\$1,000 Deductible \$ 1,000,000
D	Fidelity Coverage			106973201	08/15/2018	08/15/2021	\$500 Deductible \$ 50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER CANCELLATION

Informational Certificate 2019-2020	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



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners Colorado		NAMED INSURED Glen Ridge Square Condominium Association c/o Realty One, Inc. 1630 Carr St, Suite D Lakewood, CO 80214	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property & Additional Information

CARRIER: Allied World Surplus Lines Ins Co

EFFECTIVE: 8/15/19 - 8/15/20

POLICY # 5022011400

LIMIT: \$6,970,870

DEDUCTIBLE: \$5,000

WIND & HAIL DEDUCTIBLE: 2% Per Building

OF UNITS: 40

OF BUILDINGS: 10

100% REPLACEMENT COST UP TO THE LIMIT ABOVE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED

NO COINSURANCE

SPECIAL FORM

NO INFLATION GUARD

EQUIPMENT BREAKDOWN COVERAGE NOT INCLUDED

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM

WAIVER OF SUBROGATION APPLIES

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER,
VOLUNTEERS AND BOARD MEMBERS

***** PLEASE READ*****

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.