

**Lakeside Yacht Club Homeowners 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: Travelers Casualty Insurance Company

Policy # 680-5255M201 Policy Period: 8/24/19 - 8/24/20

Broker Information:

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

303.481.8177

303.847.0409 (fax)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/16/2019

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).

<b>PRODUCER</b> All Colorado Insurance Services 9725 E. Hampden Avenue Suite # 330 Denver, CO 80231	<b>CONTACT NAME:</b> Melissa Hansen	
	<b>PHONE (A/C, No, Ext):</b> (303) 481-8177	<b>FAX (A/C, No):</b> (303) 847-0409
	<b>E-MAIL ADDRESS:</b> melissa.hansen@allcolorado.org	
<b>INSURED</b> Lakeside Yacht Club Condominium Assoc, Inc. c/o Realty One, Inc. 1630 Carr Street, Suite D Denver, CO 80214	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Travelers Casualty Insurance Company of America	
	<b>INSURER B:</b> GREAT AMERICAN INSURANCE CO	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		6805255M201	08/24/2019	08/24/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6805255M201	08/24/2019	08/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> OCCUR <b>EXCESS LIAB</b> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Directors &amp; Officers Liability</b>			EPP3795370-14	09/16/2019	09/16/2020	Per Occurrence \$ 1,000,000 Annual Aggregate \$ 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

FOR INFORMATION PURPOSE ONLY

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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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/16/2019

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<b>PRODUCER</b> All Colorado Insurance Services 9725 E. Hampden Avenue Suite # 330 Denver, CO 80231	<b>CONTACT NAME:</b> Melissa Hansen	
	<b>PHONE (A/C, No., Ext.):</b> (303) 481-8177	<b>FAX (A/C, No.):</b> (303) 847-0409
<b>INSURED</b> Lakeside Yacht Club Condominium Assoc, Inc. c/o Realty One, Inc. 1630 Carr Street, Suite D Denver, CO 80214	<b>E-MAIL ADDRESS:</b> melissa.hansen@allcolorado.org	
	<b>PRODUCER CUSTOMER ID:</b> 5206	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Travelers Casualty Insurance Company of America	<b>NAIC #</b> 19046
	<b>INSURER B:</b> GREAT AMERICAN INSURANCE CO	16691
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Loc #1 - CONDO 5-12  
6830 Xavier Cir, # 6850  
Westminster, CO 80030

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	6805255M201	08/24/2019	08/24/2020	BUILDING	\$
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL PROPERTY	\$
	BASIC	BUILDING			BUSINESS INCOME	\$
	BROAD	5,000			EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL	CONTENTS			RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND	*5%			BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$ 4,279,244
					<input checked="" type="checkbox"/> Ord/Law-Cov. A	\$ Included
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
A	<input checked="" type="checkbox"/> CRIME	6805255M201	08/24/2019	08/24/2020	<input checked="" type="checkbox"/> Empl. Dishonesty	\$ 50,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery & Alteration	\$ 50,000
	Fidelity					\$
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	6805255M201	08/24/2019	08/24/2020	<input checked="" type="checkbox"/> Equip. Breakdown	\$ Included
						\$
A	Ordinance or Law	6805255M201	08/24/2019	08/24/2020	<input checked="" type="checkbox"/> Coverage B	\$ 50,000
					<input checked="" type="checkbox"/> Coverage C	\$ 50,000

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Buildings: 3 - Units: 24. 100% Replacement Cost to Original Building Specifications as noted in the Association Decs & Bylaws. Separation of insureds wording is included in policy form.

## CERTIFICATE HOLDER

## CANCELLATION

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AUTHORIZED REPRESENTATIVE