## Enclave at Cherry Creek Owners 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: Farmers Insurance Company

Policy Period: 6/30/23 - 6/30/24

Broker Information:

Devon Schad Schad Agency, Inc. 245 Century Cir #203 Louisville, CO 80027

303.661.0083 303.661.0085 (fax)



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/05/2023

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 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 Contificate Department									
Schad Agency				NAME: Certificate Department PHONE (A/C, No, Ext): 303-661-0083  (A/C, No): 303-661-0085					
				F-MAII				61-0085	
433	Summit Blvd Unit 101			ADDRESS: certificate@schadagency.com					
Decorational				INSURER(S) AFFORDING COVERAGE			NAIC#		
Broomfield CO 80021 INSURED				INSURER A: Farmers Insurance Exchange				21652	
		oltu O	) n n	INSURER B:					
Enclave at Cherry Creek C/O Realty One				INSURER C:					
1630 Carr St Unit D				INSURER D :					
l description of				INSURER E :				119	
Lakewood CO 80214-5986 COVERAGES CERTIFICATE NUMBER:				INSURER F:					
				BEEN ISSUED TO TH		REVISION NUMBER:	1101/5	EDIOD	
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	TYPE OF INSURANCE	ADDL	SUBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY			(	(11111122777777)	EACH OCCURRENCE	\$ 2,00	00.000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 75.0		
						MED EXP (Any one person)	\$ 5,00	17.	
Α			603275608	06/30/2023	06/30/2024	PERSONAL & ADV INJURY		00,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	25 822	00,000	
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 4,00	00,000	
	OTHER:				3		\$		
	AUTOMOBILE LIABILITY			8.44		COMBINED SINGLE LIMIT (Ea accident)	\$	1001	
	ANY AUTO					BODILY INJURY (Per person)	\$	-	
	ALL OWNED SCHEDULED AUTOS	Υ				BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
						,	\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
	DED RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	Wi	
Α	Fidelity	Υ	603275608	06/30/2023	06/30/2024	Limit: \$25,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  THIS IS A MASTER POLICY COVERING PROPERTY IN THE OPEN AS WELL AS GENERAL LIABILITY FOR THE ASSOCIATION'S COMMON AREAS. THERE IS NO COVERAGE FOR INDIVIDUAL RESIDENCES, LOTS OR ANY IMPROVEMENTS THEREON. SEVERABILITY OF INTEREST AND BUILDING ORDINANCE AND LAW INCLUDED. MANAGEMENT COMPANY IS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, FIDELITY AND DIRECTORS & OFFICERS.									
CE	CERTIFICATE HOLDER CANCELLATION								
CERTIFICATE HOLDER CANCELLATION									
Realty One 1630 Carr Street Suite D				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							
Lakewood CO 8021			CO 80214						

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