Estes 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

Policy Period: 11/07/22 - 11/07/23

Broker Information:

Stailey Insurance Corporation 2084 S. Milwaukee Street Denver, CO 80210

303.759.2796



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/07/2022

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.

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). CONTACT NAME: PRODUCER Certificates Department Stailey Insurance Corporation PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):(303)759-2960 (303)759-2796 2084 S. Milwaukee Street certificates@staileycorp.com Denver CO 80210-INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Auto-Owners 18988 INSURED INSURER B: Great American Ins Co 16691

Estes Square Condominium Association, Inc.				INSURER C: Travelers Cas & Surety Co				3	1194	
c/o Realty One, Inc. 1630 Carr St Ste D			INSURER D:							
			CO 80214-	INSURER E :						
Lakewood			60 80214-		INSURER F:					
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.								'HIS		
INSR LTR	NSR LTR TYPE OF INSURANCE		ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	ICY EFF POLICY EXP		S		
Α	X COMMERCIAL GENERAL LIABILITY		74238532				EACH OCCURRENCE		000,000	
	CLAIMS-MADE X OCCUR		DOWN SHARESSEN CONTRACTOR OF THE STATE OF TH	l			DAMAGE TO RENTED PREMISES (Ea occurrence)		300,000	
							MED EXP (Any one person)	\$	10,000	
							PERSONAL & ADV INJURY		000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		₩.				GENERAL AGGREGATE	-	000,000	
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG		000,000	
	OTHER:							\$		
Α	AUTOMOBILE LIABILITY		74238532		11/07/2022	11/07/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,0	000,000	
	ANY AUTO				,,	22,0,,2025	BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS		2.5				BODILY INJURY (Per accident)	\$		
	X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							(r di riccioditi)	\$		
	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	N/A					E.L. EACH ACCIDENT	\$		
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	s		
l	If yes, describe under DESCRIPTION OF OPERATIONS below							\$		
	Directors & Officers - Claims-Made		EPPE460473-01	-	11/07/2022	11/07/2023	\$2,500 Retention		000,000	
_	Crime/Fidelity - Includes Management Company		107703979				\$1,000 Retention		100,000	
	Management Company						2			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Property Coverage: Aspen Specialty Insurance Co.; Policy # WKFCC0356501; 11/7/2022 to 11/7/2023 - Limit of Insurance \$3,761,800; \$5,000 Deductible; 5% Wind/Hail Deductible, with a minimum \$50K. Coverage Forms Include - Special Form, 100% Replacement Cost to Building Limit, Ordinance/Law Coverage A,B,C, Equipment Breakdown Coverage, No Inflation Guard, No Coinsurance. Severability Of Interest/Separation of Insureds Included, 10 Cancellation Notice Applies, Waiver of Subrogation applies. 7 Buildings; 28 Units ****PLEASE SEE ASSOCIATION LEGAL DOCUMENTS (Covenants) FOR INSURANCE RESPONSIBILITY OF OWNER VS HOA****										
CERTIFICATE HOLDER				CANC	ELLATION				AI 077282	
22-23 Informational Certificate -					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 yellnifer Matheson						