Brookside 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: Allied World Surplus Lines Insurance Company

Policy Period: 11/22/20 - 11/22/21

Broker Information:

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

303.863.7788 303.861.7502 (fax)



CORD

CERTIFICATE OF LIABILITY INSURANCE

C1LHERNANDEZ

DATE (MM/DD/YYYY) 11/25/2020

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.

| A AUTOMOBILE LIABILITY APAYAUTD AUTOS ONLY AVAIDS AUTOS ONLY AVAIDS AVAID | t | f SUBROGATION IS WAIVED, subje his certificate does not confer rights t | ct to o the | cert | terms and conditions of ificate holder in lieu of su | the pouch | licy, certain lorsement(s) | policies may). | require an endorsement. A | statement on | | |
|--|------------------------------|--|----------------|------|---|--|---|--------------------|--------------------------------|---------------|--|--|
| A AUTOMORIE LIBRATE BARRES AFFORDS COVERAGE WITH THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN NEUDCEOP BY PAID CLAMB. A AUTOMORIE LIBRATY BARRES AFFORDS AND ELECTROPHIC MAY BE SUBJECT OF ALL THE TERMS. A AUTOMORIE LABBITY A AUTOMORIE | PRODUCER AssuredPartners | | | | | | CONTACT NAME: | | | | | |
| NEURED Brookside Homeowners Association CO Reatly One, Inc. 1630 Carr St. Suite D Likewood, CO 80214 COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MARKE BEEN INSURED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED ON MAY PERTIAL THE ISSUED CONSTRON OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES LIMITS SHOWN MAY PLAYE BEEN REDUCED BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES BY PAID CLAMBS. EXCLUSIONS AND CONDITIONS OF SICH POLICIES BY PAID CLAMBS. EXC | | | | | | | | | | | | |
| INSURERS AFFORMS COVERAGE Brookside Homeowners Association C/O Realty One, Inc. 1530 Cart St. Suite D Lakewood, CO 80214 SINGER S. Great American Alliance Insurance Company (2632 INSURER S. Great American Alliance Insurance Company (2632) INSURER S. Great American Alliance Insurance Company (2632) INSURER S. Great American Insurance Company (2632) INSURER S. | | | | | | E-MAIL | E-MAIL ADDRESS: | | | | | |
| BROOKSIGE HOMEOWNERS ASSOCIATION C/O Realty One, Inc. 1530 Cars 15, Suite D Lakewood, CO 80214 SUBJECT C. Great American Alliance Insurance Company (2632) SUBJECT C. Great American Alliance Insurance Company (2632) SUBJECT C. Great American Insurance Company (2632) SUBJECT C. Great Insurance Company (| | | | | | ADDICE | | SHDED(S) AEEOI | PDING COVERAGE | | | |
| Brookside Homeowners Association C/O Resity One, Inc. 1530 Cart St, Suite D Lakewood, CO 80214 SINGUERC J. Evensylvania Manufecturary Association Insurance Company 12282 SINGUERC J. Evensylvania Manufecturary Association Insurance Company 12282 SINGUERC J. Evensylvania Manufecturary Association Insurance Company 12282 SINGUERC J. Evensylvania Manufecturary Association Insurance Company 12693 SINGUERC J. Evensylvania | | | | | | INSLIDE | | | | | | |
| BEODRISCH Homeowners Association CIO Really One, in. 163 Core Studies Likewood, CO 8014 EXEMPTER 1. Travelers Casualty & Surety Co of America 1194 COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED AAMED ABOVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED ON IN PERFECT ON THE POLICY PERIOD CERTIFICATE MAY BE ISSUED ON IN PERFECT TOWN OF CONTITION OF ANY CONTRACT OR OTHER DOCUMENT THE RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS- A COMMERCIAL GENERAL LIABBUTY CLAMS-MADE CLA | INSURED | | | | | | | | | | | |
| INSURER D. Great American Insurance Company 16691 Lakewood CO 80214 INSURER E. Travelers Casualty & Surety Co of America 31194 | | | socia | tion | | INSURER S. O'COL ATTOMICATION ATTOMICS INSURANCE COMPANY 20032 | | | | | | |
| Lakewood, CO 80214 INSURER E. Travelers Casualty & Surrety Co of America 31194 | | | | | | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED SELOW HAVE BEEN ISSUED TO THE INSURED MAKE DADVE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OF MY RECORDING FOR ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY PERIOD CERTIFICATE MAY BE ISSUED OF MY RECORD MAY BEEN REDUCED BY POLICY PERIOD CERTIFICATE MAY BE ISSUED OF MY RECORD MAY BE AN AVENUAL THE TERMS. A LOOMERCAL GENERAL LABOR. A LOOMERCAL GENERAL LABOR. A LOOMERCAL GENERAL LABOR. A POLICY PERIOD. CENTRAL AGGREGATE LIMIT APPLIES PER. A POLICY PERIOD. CENTRAL AGGREGATE LIMIT APPLIES PER. A POLICY PERIOD. APPLIES PERIOD. A ALTONOBAE LIABILITY ANY AND SONLY AND SONL | | | | | | | | | | | | |
| COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NOUNER POWER FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CONTRETED NAMED AROUSE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CONTRETED NAMED AROUSE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR CONTRETED NAMED AROUSE FOR THE POLICY PERIOD INDICATED. NAMED AROUSE FOR THE POLICY PERIOD OR ANY CONTRACT OR CONTRETED NAMED AROUSE FOR THE POLICY PERIOD OR ANY CONTRACT OR CONTRETED NAMED AROUSE FOR THE POLICY PERIOD OR ANY CONTRACT OR CONTRETED NAMED AROUSE FOR THE POLICY PERIOD OR ANY OF THE REMANDER. A COMMERCIAL CENERAL LIABILITY CLAIMS MADE CLAIMS MADE COMMERCIAL CENERAL LIABILITY ANY AUTO CERL AGGREGATE LIMIT APPLIES PER A CUTOMOSE LIABILITY ANY AUTO CONTRETED NAMED AROUSE FOR THE POLICY PERIOD SOCIETY AGGREGATE LIMIT APPLIES PER A CUTOMOSE LIABILITY ANY AUTO CONTRETED NAMED AROUSE FOR THE POLICY PERIOD SOCIETY AGGREGATE SOCIETY AGGREGATE SOCIETY AGGREGATE SOCIETY AGGREGATE COMMENDATION AND ANY AUTO CONTRETED NAMED AROUSE FOR THE POLICY PERIOD THE POLICY PERIOD THE TOTAL THE TERMS. PAGE OF THE TERMS OF THE POLICY PERIOD THE TOTAL THE TERMS. THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF THE TERMS. THE TERMS OF THE TERMS OF THE TERMS. THE TERMS OF TH | | | | | | | | is Casually | & Surety Co of America | 31194 | | |
| THIS S TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE ADDRESS. INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTROL ON ANY CONTROL OR CONTROL OF ANY CONTROL OR ANY | CC | OVERAGES CER | TIFIC | ·ΔTF | NIIMRER: | INSUKE | Kr. | | DEVICION NUMBER | | | |
| THE EXTREMENT MAY BE SOURCE OF TO WHICH THIS SOURCE AND CONTRACT OR THER DOCUMENT WITH RESPECT TO WHICH THIS SOURCE AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY FAVE DEEN REPORT BY THE POLICIES DESCRIBED HERRIN IS SUBJECT TO ALL THE TERMS. SUBJECT | Т | HIS IS TO CERTIFY THAT THE POLICIE | S OF | FINS | SURANCE LISTED BELOW | HAVE B | EEN ISSUED | TO THE INCLI | DED NAMED ABOVE FOR THE D | OLIOV DEDIOD | | |
| EXCITIFICATE MAY PERIAL THE NSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. INTERIOR SUBJECT TO ALL THE TERMS. IMPORTMENT OF SUBJECT TO ALL THE TERMS. INTERIOR SUBJECT TO ALL | - 11 | NDICATED. NOTWITHSTANDING ANY R | EUUI | REMI | -NT. TERM OR CONDITIO | N OF A | NY CONTRA | CT OR OTHER | DOCUMENT WITH DECDEOT T | O MULICULTURO | | |
| TYPE OF INSUPANCE A X COMMENCIAL GENERAL LIABBILITY CALMISMANDE X COCUR SO21030800 11/22/2020 11/22/2020 11/22/2020 11/22/2020 11/22/2021 EACH OCCURRENCE S 1,000,000 PERSONAL AND INJURY S | · · | ERTIFICATE MAY BE ISSUED OR MAY | PER | IAIN | THE INSURANCE AFFOR | DED BY | THE POLIC | IES DESCRIB | ED MEDEIN IS CLID IFOT TO ALL | THE TERMS, | | |
| A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR S 1,000,000 | INSR | TYPE OF INSURANCE | ADDL | SUBR | POLICY MIMPES | DECIVI | POLICY EFF | POLICY EXP | | | | |
| CLAIMS-MADE X OCCUR S021030800 | | | INSD | WVD | FOLICT NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | 1 000 000 | | |
| CENT AGGREGATE LIMIT APPLIES PER: No.000,000 | | | | | 5021030800 | | 11/22/2020 | 11/22/2024 | | | | |
| GENT AGGREGATE LIMIT APPLIES PER: X POLICY FEED LOC OTHER: ANY AUTO OWNED ANY AUTO OWNED ANTOS ONLY X ANTO | | | | | 552 1050000 | | 11/22/2020 | 11/22/2027 | | | | |
| GENT AGGREGATE LIMIT APPLIES PER: POLICY SPCT LOC | | | | | | | | | 2 | • | | |
| X POLICY JECT LOC OTHER: A AUTOMOBILE LIABILITY ANY AUTO ANY AUTO AVISONITY AVISONI | | GEN!! ACCRECATE LIMIT APPLIES DED. | | | | | | | | | | |
| A AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X MISS ONLY DED X RETENTIONS OWNED OW | | | | | | | | | | | | |
| A AUTOMOBILE LIABILITY ANY AUTOS ONLY AUTOS | | 3 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 | | |
| ANY AUTO COMMED AND AUTO SCHEDULED AUTOS ONLY X RETENTIONS O TO AUTOS ONLY X RETENTIONS ONLY X RETENTIONS ON THE AUTOS ON THE AUTOS ONLY X RETENTIONS ON THE AUTOS ONLY X RETENTIONS ON THE AUTOS ONLY X RETENTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | Α | | | | | | | | COMBINED SINGLE LIMIT | 1 000 000 | | |
| OWNED AUTOS ONLY X | | | | | 5021020800 | | 44/22/2020 | 44/00/0004 | (Ea accident) \$ | 1,000,000 | | |
| Recomposition of Operations Locations Vehicles (acord 101, additional remarks Schedule, may be attached if more space is required) Recomposition Rec | | | | | 3021030000 | | 11/22/2020 | 11/22/2021 | | | | |
| B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAMS-MADE DED X RETENTIONS 0 C WORKERS COMPENSATION ANY PROPERTION STATE EXCLUDED? ANY PROPERTION OF OPERATIONS below D D D Irectors & Officers C Crime D D D C C Trime C D D D D D D D D D D D D D D D D D D | | | | | | | | | | | | |
| B X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETURNING ON ADDEMPLOYERS LIABILITY AND PEMPLOYERS LIABILITY AND PEMPLOYERS LIABILITY If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LIABILITY EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ | | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) \$ | | | |
| EXCEST LAB CLAIMS-MADE DED X RETENTIONS 0 UM30198870 11/22/2020 11/22/2021 11/22/2023 Deductible: \$1,000 1,000,000 1,000,000 1/20/2021 11/22/2020 11/22/2020 Deductible: \$2.50 25,000 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | В | X LIMBRELLALIAR X OCCUP | | | | | | | | 5 000 000 | | |
| DED X RETENTIONS 0 C WORKERS COMPRISATION AND EMPLOYERS LABILITY ANY PROPRIETOR PARTHERIES ECUTIVE IN It yes, describe under DESCRIPTION OF OPERATIONS below D D Directors & Officers C Crime C CANCELLATION C SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AGGREGATE \$ 5,000,000 \$ \$ 5,000,000 \$ \$ \$ 5,000,000 \$ \$ \$ \$ 5,000,000 \$ \$ \$ \$ \$ 5,000,000 \$ \$ \$ \$ \$ \$ 5,000,000 \$ \$ \$ \$ \$ \$ \$ 5,000,000 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | H | | | UM30198870 | | 11/22/2020 | 11/22/2021 | EACH OCCURRENCE \$ | 5,000,000 | | |
| C WORKERS COMPENSATION AND EMPLOYERS' LIBILITY ANY PROPRIETOR PARTICIPATIVE PARTY PROPRIETOR PARTY | | | | | | | 11/22/2020 | 11/22/2021 | AGGREGATE \$ | E 000 000 | | |
| AND PROPRIETOR/PARTNER/PEXECUTIVE AND PROPRIETOR | С | | | | | | | | | 5,000,000 | | |
| OFFICEM/MEMBER TACLUDED? MANDATOR IN HIT (MANDATORY IN HIT) If yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers Crime EL. DISEASE - POLICY LIMIT S 1,000,000 106095760 11/22/2020 11/22/2020 11/22/2020 11/22/2020 11/22/2020 11/22/2020 11/22/2020 11/22/2020 Deductible: \$1,000 1,000,000 1,000,000 1,000,000 1,000,000 | | | | | 2019010947929Y | | 11/22/2020 | 11/22/2021 | | 1 000 000 | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below Directors & Officers Description of Operations / Description / Description of Operations / Description of Operatio | | OFFICER/MEMBER EXCLUDED? | N/A | | | | 11/22/2020 | 11/22/2021 | E.L. EACH ACCIDENT \$ | | | |
| D Directors & Officers Crime EPPE456830-01 106095760 11/22/2020 11/22/2020 11/22/2023 Deductible: \$1,000 1,000,000 11/22/2020 Deductible: \$250 25,000 DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | |
| CERTIFICATE HOLDER CANCELLATION CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | D | Directors & Officers | | | EPPE456830-01 | | 11/22/2020 | 11/22/2021 | E.L. DISEASE - POLICY LIMIT \$ | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | 25 | | | | | | 15.030-0000000000000000000000000000000000 | | | | | |
| CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | _ | | | | 100000700 | | 11/22/2020 | 11/22/2023 | Deductible: \$250 | 25,000 | | |
| CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | DE0 | CRIPTION OF OPERATIONS // COATIONS // | | 2025 | 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | v - 10-2-20 | 14 - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18 | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | LES (A | CORD | 101, Additional Remarks Schedu | ile, may b | e attached if mor | e space is requir | ed) | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | | | | |
| Informational Only 2019-2020 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| Informational Only 2019-2020 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | <u> </u> | CHOILI D ANN OF THE ADOVE DECODING | | | | | |
| ACCORDANCE WITH THE POLICY PROVISIONS. | Informational Only 2010 2020 | | | | | | THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVEDED IN | | | | | |
| AUTHORIZED REPRESENTATIVE | | informational Only 2019-202 | U | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| AUTHORIZED REPRESENTATIVE . | | | | | | | | | | | | |
| | | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | | |

ACORD

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY AssuredPartners | | NAMED INSURED Brookside Homeowners Association C/O Realty One, Inc. | | | | |
|---------------------------|-----------|---|--|--|--|--|
| POLICY NUMBER SEE PAGE 1 | | 1630 Carr St, Suite D Lakewood, CO 80214 | | | | |
| CARRIER | NAIC CODE | | | | | |
| SEE PAGE 1 | SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | | | | |

ADDITIONAL REMARKS

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

CARRIER: Allied World Surplus Lines Insurance Co

EFFECTIVE: 11/22/20 - 11/22/21

POLICY # 5021030800 LIMIT: \$3,870,000 DEDUCTIBLE: \$5,000

WIND & HAIL DEDUCTIBLE: 2% Per Building/Value

OF UNITS: 30 # OF BUILDINGS: 5

100% REPLACEMENT COST UP TO THE LIMIT ABOVE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW COVERAGE IS INCLUDED NO COINSURANCE

NO COINSURANCE SPECIAL FORM

NO INFLATION GUARD

EQUIPMENT BREAKDOWN COVERAGE 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.