

**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: 11/22/19-11/22/20

Broker Information:

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

303.863.7788  
303.861.7502 (fax)



BROOHOM-01

C1DMOORE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/2/2019

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 : Allied World Surplus Lines Insurance Company 24319

INSURER B : Great American Alliance Insurance Company 26832

INSURER C : Pennsylvania Manufacturers' Association Insurance Company 12262

INSURER D : Great American Insurance Company 16691

INSURER E : Travelers Casualty &amp; Surety Co of America 31194

INSURER F :

INSURED  
Brookside Homeowners 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"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			AP35336230	11/22/2019	11/22/2020	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  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			AP35336230	11/22/2019	11/22/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM30177537	11/22/2019	11/22/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	2019010947929Y	11/22/2019	11/22/2020	PER STATUTE OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors & Officers			EPP4063772-06	11/22/2019	11/22/2020	\$1,000 Deductible 1,000,000
E	Fidelity Coverage			106095760	11/22/2017	11/22/2020	\$250 Deductible 25,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Informational Only 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



AGENCY CUSTOMER ID: BROOHOM-01

C1DMOORE

LOC #: 1

**ADDITIONAL REMARKS SCHEDULE**

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

**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 Insurance Co****EFFECTIVE: 11/22/19 - 11/22/20****POLICY # AP35336230****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****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.