Brookside Homeowners Association c/o Realty One, Inc. 1630 Carr Street, Suite D Lakewood CO 80214 303.237.8000

Master Insurance Policy

Request for:

Mortgage Certificate of Insurance or a Master Insurance Policy

Carrier: United National Insurance Company

PO # MP1224543 Policy Period: 11/22/18-11/22/19

Broker Information:

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

303.863.7788 303.861.7502 (fax)

COMMERCIAL PROPERTY POLICY **COMMON POLICY DECLARATIONS**

UNITED NATIONAL INSURANCE COMPANY

A Stock Company BALA CYNWYD, PENNSYLVANIA

SLA#273596

Policy No. MP1224543

Renewal of No. NEW

Named Insured and Mailing Address

(No. Street, Town or City, County, State, Zip Code)

Business Description: Condominiums

Brookside Homeowners Association

Producer (Name, Address & Code): B1571

Amwins Brokerage Of Fl 7108 Fairway Drive

Suite 200

c/o Realty One, Inc. 1630 Carr St, Suite D

> Palm Beach Gardens FL 33418

Lakewood

CO 80214

Policy Period:

From November 22, 2018 to November 22, 2019

at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIPTION OF PREMISES Prem. Bldg. Location Construction and Occupancy ALL ALL As Per Schedule on file with Company Frame or Brick Veneer dated 11/12/18 Condominiums COVERAGES PROVIDED INSURANCE AT THE DESCRIBED PREMISES APPLIES ONLY FOR COVERAGE'S FOR WHICH A LIMIT OF INSURANCE IS SHOWN. Limit of Covered Causes Coinsurance or Replacement of Loss Mo. Indemnity Cost Prem. Blda. Coverage Insurance Mo. Indemnity ALL ALL As Per Schedule on file with Company dated 11/12/18 MORTGAGE HOLDER(S) (Name and Mailing Address) DEDUCTIBLE: \$10,000 **Commercial Property Premium:** \$ 17,023.00 Exceptions: **Equipment Breakdown Premium:** 2% Winstorm or Hail subject to a \$100,000 **Optional Terrorism Coverage Premium:**

Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE ATTACHED SCHEDULE OF POLICY FORMS AND ENDORSEMENTS SAA-100

Premium Payable at Inception:

Minimum Earned Premlum:

Countersigned: 01/07/19

Inspection Fee: \$250.00

AP

DPB-101 (11/2009)

minimum

By .

Authorized Representative

\$

\$

17,023.00

4,256,00