

**Marshall Park Villas 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

Carrier: State Farm Fire and Casualty Company
Policy # 96-EK-5358-2 Policy Period: 2/9/23 - 2/9/24

Broker Information:

Kim Wood
State Farm Fire and Casualty Company
12191 W. 64th Ave., Ste 201
Arvada, CO 80004

303.420.9384
720.545.2615 (fax)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
02/14/2023

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.

PRODUCER Kim Wood 12191 W 64th Ave Ste 201 Arvada, CO 80004-4030	CONTACT NAME: Kim Wood PHONE (A/C, No, Ext): (303) 420-9384 FAX (A/C, No): (303) 420-9386 E-MAIL ADDRESS: kim.wood.wpes@statefarm.com PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: State Farm Fire and Casualty Company 25143 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED MARSHALL PARK VILLAS HOMEOWNERS ASSN C/O REALTY ONE INC 1630 CARR ST STE D LAKEWOOD, CO 80214-5986		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 REFER TO ACORD 101.

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
<input checked="" type="checkbox"/>	PROPERTY	96-EK-5358-2	02/09/2023	02/09/2024	BUILDING	\$	
	CAUSES OF LOSS				DEDUCTIBLES	PERSONAL PROPERTY	\$
	BASIC				BUILDING	BUSINESS INCOME	\$ SEE ACORD 101
	BROAD				\$10,000.00	EXTRA EXPENSE	\$ SEE ACORD 101
	SPECIAL				CONTENTS	RENTAL VALUE	\$ SEE ACORD 101
	EARTHQUAKE					<input checked="" type="checkbox"/> BLANKET BUILDING	\$ \$8,490,600
	WIND					BLANKET PERS PROP	\$
	FLOOD		BLANKET BLDG & PP	\$			
					\$		
					\$		
	INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	NAMED PERILS	POLICY NUMBER				\$	
						\$	
	CRIME					\$	
	TYPE OF POLICY					\$	
						\$	
<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 REFER TO ACORD 101.

CERTIFICATE HOLDER Marshall Parks Villas Home Owner Assn C/O Realty One Inc 1630 Carr St Ste D Lakewood, CO 80214-5986	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. AUTHORIZED REPRESENTATIVE IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.
--	---



ADDITIONAL REMARKS SCHEDULE

AGENCY Kim Wood		NAMED INSURED MARSHALL PARK VILLAS HOMEOWNERS ASSN	
POLICY NUMBER 96-EK-5358-2			
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	EFFECTIVE DATE: 02/09/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 **FORM TITLE:** Certificate of Property Insurance

Unit Owner:

Marshall Park Villas Homeowners Assn - C/O Realty One Inc - 1630 Carr St Ste D - Lakewood, - CO - 80214 - Unit Loan Number:0 - Number Of Units: 0028

Association Type: Residential Community Association Policy

Forms, Options and Endorsements:

CMP-4100 Businessowners Coverage Form
 CMP-4206.2 Amendatory Endorsement
 CMP-4550 Residential Community Assoc
 CMP-4508 Money and Securities
 FE-3650 Actual Cash Value Endorsement

Forms, Options and Endorsements:

CMP-4815 Dir & Officers \$1,000,000
 FE-6999.3 Terrorism Insurance Cov Notice
 CMP-4710 Emp Dishonesty \$50,000
 CMP-4705.2 Loss of Income & Extra Expnse
 CMP-4561.4 Policy Endorsement

Coverages:

Business Liability \$1,000,000
 Medical Payments \$5,000
 Products-Completed Operations \$2,000,000
 General Aggregate \$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.