# Forest Place Condominium HOA 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: Travelers Indemnity Company

PO # 6806N609801942 Policy Period: 5/9/2019-5/9/2020

Broker Information:

Richard Mann Mann Agency American Family Insurance 10465 Melody Dr., Ste 109 Northglenn, CO 80234

303.280.3346 303.280.3499 (fax)



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/09/2019

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 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)

C	ertifi	cate holder in lieu of such endors	seme	nt(s)	•						
PRO	DUCE	R				CONTACT NAME: Richard A Mann					
Am	erica	an Family Brokerage Inc				PHONE (A/C, No, Ext): (303) 280-3346 FAX (A/C, No):					
6000 American Parkway							E-MAIL ADDRESS: rmann@amfam.com				
									DING COVERAGE		NAIC#
Ma	disor	n			WI 53783	INSURER A: The Travelers Indemnity Company				NAIC #	
INSU	RED					INSURER B: Continental Casualty Company					
		Forest Place Condominiums	Hom	eown	ers Association Inc						
		1630 Carr St Ste D	110.11		ioro / togodiation, into	INSURER C:					
		7000 0411 01 010 2				INSURER D:					
		Lakewood			CO 80214	INSURER E :					
CO	/FR		TIEIC	ATE	NUMBER:	INSURER F:					
						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	SUBR			POLICY EFF (MM/DD/YYYY)		LIMITS		242 193
LIK	X	COMMERCIAL GENERAL LIABILITY	INSU	WVD	FOLICI NUMBER		(MINI/DD/YYYY)	(MIM/DD/YYYY)		-	00,000
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED \$ 300		
		OLAMOTOR TO COCOR									
Α					6806N609801942		05/09/2019	05/09/2020	MED EXP (Any one person)	\$ 5,000 \$ 1,000,000	
	CEN	V'L AGGREGATE LIMIT APPLIES PER:			000011003001042		03/03/2019	03/09/2020	PERSONAL & ADV INJURY		
	×	POLICY PRO- JECT LOC							GENERAL AGGREGATE		00,000
		OTHER:							PRODUCTS - COMP/OP AGG	\$ 2,00	00,000
	AUT	OMOBILE LIABILITY		<del>                                     </del>					COMBINED SINGLE LIMIT	\$	
		ANN ALITO							(Ea accident) BODILY INJURY (Per person)	\$	
		ANY AUTO ALL OWNED SCHEDULED								-	
		AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		HIRED AUTOS AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	$\vdash$	-							
		EXCESSION							EACH OCCURRENCE	\$	
		CLAIMS-MADE	1						AGGREGATE	\$	
	WOR	DED RETENTION \$ RKERS COMPENSATION							I PER I TOTH	\$	
	F1000000000000000000000000000000000000	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER		
	OFFI	PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$	
	If yes	ndatory in NH) s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	DESCRIPTION OF OPERATIONS below					77		E.L. DISEASE - POLICY LIMIT	\$	
В	E8	kO	618857794 05/15/2019 05/15/2020 \$1,000,000 Aggregate								
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACOR	D 101, Additional Remarks Sched	ule, may	be attached if m	ore space is req	uired)		
See	e Add	ditional Remarks Schedule Acord 1	01								
CE	TIF	ICATE HOLDER				CANC	SELL ATION				
OLI	XIII	ICATE HOLDER				CANC	ELLATION				
Forest Place Condominiums Homeowners Association, Inc 1630 Carr St Ste D					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											
Lakewood CO 80214					Lugy Di						

AGENCY CUSTOMER ID:	13660467
LOC #:	

ACORD®

## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED
American Family Brokerage Inc POLICY NUMBER		Forest Place Condominiums Homeowners Association, Inc 1630 Carr St Ste D
CARRIER	NAIC CODE	Lakewood, CO, 80214
SEE CERTIFICATE		EFFECTIVE DATE:

### ADDITIONAL REMARKS

5%, Windstorm or Hail Deductible 100% Replacement Cost

Ordinance or Law-Coverage A: Included Ordinance or Law, Coverage B&C-Included

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,	8.039
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE	
Coverage D: Commercial Property, Effective 05/092019 - 05/09/2020, Policy Number 6806N660980 1,371,000 Building Limit 4% inflation Guard 1 Buildong 7 units \$1,000-AOP Deductible	

ACORD 101 (2008/01)