

**Lakeside Yacht Club 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 Co.
Policy Period: 8/24/20 - 8/24/21

Broker Information:

Tyne Hall
All Colorado Insurance Services, Inc.
9725 Hampden Ave, Ste 320
Denver, CO 80231

303.481.8177
303.847.0409 (fax)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2020

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. 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 All Colorado Insurance Services 3443 S. Galena St. Suite 180 Denver, CO 80231	CONTACT NAME: Melissa Hansen	
	PHONE (A/C, No, Ext): (303) 481-8177 FAX (A/C, No): (303) 847-0409	
	E-MAIL ADDRESS: melissa.hansen@allcolorado.org	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Lakeside Yacht Club Condominium Assoc, Inc. c/o Realty One, Inc. 1630 Carr Street, Suite D Denver, CO 80214	INSURER A: Allied World Surplus Lines Insurance Co	24319
	INSURER B: GREAT AMERICAN INSURANCE CO	16691
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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:	Y		5021050000	08/24/2020	08/24/2021	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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	N / A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers Liability			EPP3795370-15	09/16/2020	09/16/2021	Annual Aggregate \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION PURPOSE ONLY

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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

09/02/2020

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PRODUCER All Colorado Insurance Services 3443 S. Galena St. Suite 180 Denver, CO 80231	CONTACT NAME: Melissa Hansen		
	PHONE (A/C, No, Ext): (303) 481-8177	FAX (A/C, No): (303) 847-0409	
	E-MAIL ADDRESS: melissa.hansen@allcolorado.org		
	PRODUCER CUSTOMER ID: 5206		
INSURED Lakeside Yacht Club Condominium Assoc, Inc. c/o Realty One, Inc. 1630 Carr Street, Suite D Denver, CO 80214	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Allied World Surplus Lines Insurance Co		24319
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

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

Loc 1-3: 6830, 6840 & 6850 Xavier Cr, Westminster, CO

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY	5021050000	08/24/2020	08/24/2021	<input checked="" type="checkbox"/> BUILDING	\$ 4,447,872	
	CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> 2,500	<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> *2%	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
	<input checked="" type="checkbox"/> HAIL				<input type="checkbox"/> *2%		\$
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$	
	CAUSES OF LOSS					\$	
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$	
						\$	
A	<input checked="" type="checkbox"/> CRIME	5021050000	08/24/2020	08/24/2021	<input checked="" type="checkbox"/> Empl. Dishonesty	\$ 50,000	
	TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery/Alteration	\$ 25,000	
						\$	
A	<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN	5021050000	08/24/2020	08/24/2021	<input checked="" type="checkbox"/> Equip. Breakdown	\$ 4,447,872	
						\$	
A	Ordinance or Law	5021050000	08/24/2020	08/24/2021	<input checked="" type="checkbox"/> Coverage A	\$ 4,447,872	
					<input checked="" type="checkbox"/> Cov B & C - each	\$ 44,787	

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

3 Bldgs - 24 Units. 100% Guaranteed Replacement Cost to Original Building Specifications as noted in the Association Decs & Bylaws. Separation of insured wording is included in policy form. *Wind/Hail deductible is 2% of the building value as scheduled.

CERTIFICATE HOLDER**CANCELLATION**

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AUTHORIZED REPRESENTATIVE