

**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: 5/9/2020 - 5/9/2021

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)

05/11/2020

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 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).

<b>PRODUCER</b> American Family Brokerage Inc 6000 American Parkway  Madison WI 53783		<b>CONTACT NAME:</b> Richard A Mann <b>PHONE (A/C, No, Ext):</b> (303) 280-3346 <b>E-MAIL ADDRESS:</b> rmann@amfam.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Forest Place Condominiums Homeowners Association, Inc 1630 Carr St Ste D  Lakewood CO 80214		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Travelers Indemnity Company <b>INSURER B:</b> Continental Casualty Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		6806N609802042	05/09/2020	05/09/2021	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000
	OTHER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$	
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE	\$	
	<b>EXCESS LIAB</b>					AGGREGATE	\$	
	<input type="checkbox"/> OCCUR						\$	
	<input type="checkbox"/> CLAIMS-MADE						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				OTH-ER		
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A			E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
B	D&O		618857794	05/15/2019	05/15/2020	E.L. DISEASE - POLICY LIMIT	\$	

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

See Additional Remarks Schedule Acord 101

**CERTIFICATE HOLDER****CANCELLATION**

Forest Place Condominiums Homeowners Association, Inc 1630 Carr St Ste D  Lakewood CO 80214	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 
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## ADDITIONAL REMARKS SCHEDULE

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

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Coverage D: Commercial Property, Effective 05/09/2020 - 05/09/2021, Policy Number 6806N660980  
 1,425,840 Building Limit 4% inflation Guard  
 1 Building 7 units  
 \$1,000-AOP Deductible  
 5%, Windstorm or Hail Deductible  
 100% Replacement Cost  
 Causes of Loss Form-Special, Including Theft  
 Ordinance or Law-Coverage A: Included  
 Ordinance or Law, Coverage B&C-Included