

**Monroe Place Townhome 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: AmGuard Insurance Company

PO # MOBP071842 Policy Period: 8/11/19-8/11/20

Broker Information:

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

303.863.7788  
303.861.7502 (fax)



MONRPLA-01

C1DMOORE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2019

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 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).

<b>PRODUCER</b> AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (303) 863-7788 <b>FAX (A/C, No):</b>	
<b>INSURED</b>  Monroe Place Townhomes Association c/o Realty One, Inc. 1630 Carr St, Suite D Lakewood, CO 80214	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A : AmGUARD Insurance Company</b>	<b>42390</b>
	<b>INSURER B : Pennsylvania Manufacturers' Association Insurance Company</b>	<b>12262</b>
	<b>INSURER C : Great American Insurance Company</b>	<b>16691</b>
	<b>INSURER D : Travelers Casualty &amp; Surety Co of America</b>	<b>31194</b>
<b>INSURER E :</b>		
<b>INSURER F :</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			MOBP071842	08/11/2019	08/11/2020	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							HNOA	\$ Included
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
			PROPERTY DAMAGE (Per accident)	\$				
						\$		
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
	DED		RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			201901-10-27-25-9Y	08/11/2019	08/11/2020	PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N						
	If yes, describe under DESCRIPTION OF OPERATIONS below							
C	Directors & Officers			EPPE295404-01	08/11/2019	08/11/2020	\$1,000 Deductible	1,000,000
D	Fidelity Coverage			106968072	08/11/2018	08/11/2021	\$1,000 Deductible	100,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Informational Certificate 2019-2020

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



AGENCY CUSTOMER ID: MONRPLA-01

C1DMOORE

LOC #: 1

**ADDITIONAL REMARKS SCHEDULE**

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AGENCY <b>AssuredPartners Colorado</b>		NAMED INSURED <b>Monroe Place Townhomes Association c/o Realty One, Inc. 1630 Carr St, Suite D Lakewood, CO 80214</b>	
POLICY NUMBER <b>SEE PAGE 1</b>		EFFECTIVE DATE: <b>SEE PAGE 1</b>	
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Property & Additional Information****CARRIER: AmGUARD Insurance Company****EFFECTIVE: 8/11/2019 - 8/11/2020****POLICY # MOBP071842****LIMIT: \$4,474,392****DEDUCTIBLE: \$2,500****WIND & HAIL DEDUCTIBLE: 5% Per Occurrence****# OF UNITS: 10****# OF BUILDINGS: 2****100% REPLACEMENT COST UP TO THE LIMIT ABOVE****SEVERABILITY OF INTEREST IS INCLUDED****ORDINANCE AND LAW IS INCLUDED****NO COINSURANCE****SPECIAL FORM****INFLATION GUARD 2% Per Year****EQUIPMENT BREAKDOWN COVERAGE NOT INCLUDED****POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM****WAIVER OF SUBROGATION APPLIES****CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions****FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS****\*\*\*\*\* PLEASE READ \*\*\*\*\***

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.

**FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS**



AGENCY CUSTOMER ID: MONRPLA-01

C1DMOORE

LOC #: 1

## ADDITIONAL REMARKS SCHEDULE

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AGENCY AssuredPartners Colorado		NAMED INSURED Monroe Place Townhomes Association c/o Realty One, Inc. 1630 Carr St, Suite D Lakewood, CO 80214	
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**\*\*PLEASE READ: ALL IN COVERAGE IS SUBJECT TO AND DEPENDENT ON THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. FOR DETAILS ON WHAT UNIT OWNERS INSURANCE RESPONSIBILITY IS VS THE ASSOCIATION PLEASE REFER ALL OF YOUR QUESTIONS TO THE COVENANTS AND BYLAWS FOR THE ASSOCIATION FOR THIS INFORMATION. DETAILS ARE NOT FOUND IN THE POLICIES. THIS DOCUMENT CAN BE OBTAINED FROM THE PROPERTY MANAGEMENT COMPANY\*\***