

**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

Policy Period: 8/24/21 - 8/24/22

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)  
08/23/2021

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 Condominiums Association, Inc. c/o Realty One, Inc. 1630 Carr Street, Suite D Denver, CO 80214	INSURER A:	Arch Specialty Insurance Company		21199M
		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		NHPKG0029600	08/24/2021	08/24/2022	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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers Liability			EPP3795370-16	09/16/2021	09/16/2022	Annual Limit \$ 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

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
08/23/2021

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.

<b>PRODUCER</b> All Colorado Insurance Services 3443 S. Galena St. Suite 180 Denver, CO 80231	<b>CONTACT NAME:</b> Melissa Hansen		
	<b>PHONE (A/C, No, Ext):</b> (303) 481-8177	<b>FAX (A/C, No):</b> (303) 847-0409	
	<b>E-MAIL ADDRESS:</b> melissa.hansen@allcolorado.org		
	<b>PRODUCER CUSTOMER ID:</b> 5206		
<b>INSURED</b> Lakeside Yacht Club Condominiums Association, Inc. c/o Realty One, Inc. 1630 Carr Street, Suite D Denver, CO 80214	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Arch Specialty Insurance Company		21199M
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

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	
A	<input checked="" type="checkbox"/>	PROPERTY	NHPKG0029600	08/24/2021	08/24/2022	<input checked="" type="checkbox"/> BUILDING	\$ 1,111,968	
		CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				BUILDING	<input type="checkbox"/> BUSINESS INCOME	\$
		BROAD				2,500	<input type="checkbox"/> EXTRA EXPENSE	\$
						CONTENTS	<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL					<input type="checkbox"/> BLANKET BUILDING	\$
		EARTHQUAKE					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	WIND				*2%	<input type="checkbox"/> BLANKET BLDG & PP	\$
		FLOOD					<input checked="" type="checkbox"/> Building 2	\$ 1,111,968
		HAIL				*2%	<input checked="" type="checkbox"/> Building 3	\$ 2,223,936
	<input type="checkbox"/>	INLAND MARINE	TYPE OF POLICY			<input type="checkbox"/>	\$	
		CAUSES OF LOSS				<input type="checkbox"/>	\$	
	<input type="checkbox"/>	NAMED PERILS	POLICY NUMBER			<input type="checkbox"/>	\$	
						<input type="checkbox"/>	\$	
A	<input checked="" type="checkbox"/>	CRIME	NHPKG0029600	08/24/2021	08/24/2022	<input checked="" type="checkbox"/> Empl. Dishonesty	\$ 50,000	
		TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery/Alteration	\$ 25,000	
	Fidelity					\$		
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	NHPKG0029600	08/24/2021	08/24/2022	<input checked="" type="checkbox"/> Equip Breakdown	\$ 4,447,872	
							\$	
A		Ordinance or Law	NHPKG0029600	08/24/2021	08/24/2022	<input checked="" type="checkbox"/> Coverage A	\$ Included	
						<input checked="" type="checkbox"/> Cov. B & C - each	\$ ***10%	

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

3 Bldgs with 24 Units. 100% Replacement Cost to Original Building Specifications as noted in the Association Decs & Bylaws. Does not include coverage for unit owner upgrades. RCV with Agreed Value, no coinsurance. Separation of Insureds wording is included in the policy form. \*Wind and/or Hail deductible is 2% of the building value as scheduled. \*\*Ord/Law coverage B&C is 10% of each building as per the scheduled value.

## 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