## Marshall Park Villas Condominium 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: State Farm Fire and Casualty Company

Policy # 96-EK-5358-2 Policy Period: 2/9/22 - 2/9/23

Broker Information:

Kim Wood State Farm Fire and Casualty Company 12191 W. 64<sup>th</sup> Ave., Ste 201 Arvada, CO 80004

303.420.9384 720.545.2615 (fax)



## **CERTIFICATE OF PROPERTY INSURANCE**

DATE (MM/DD/YYYY) 02/10/2022

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

		- OK PRODUCI	ER, AND THE CERTIFICATE HOLDER.	CONTACT	. 10/			
PRODUCER			CONTACT Kim Wood					
State Farm Kim Wood			(A/C, No, Ext): (					
	1219	1 W 64th Ave S	te 201	ADDRESS: kir PRODUCER CUSTOMER ID:	n.wood.wpes@sta	tefarm.com		
	Arva	da,	CO 80004-4030		INSURER(S) AFFO	RDING COVERAGE	NAIC #	
INSURED			INSURFR A . St	INSURER A: State Farm Fire and Casualty Company				
		Park Villas Home		INSURER B :		yy	25143	
	c/o Realty	One Inc 1630 (	Carr St Ste D	INSURER C :				
				INSURER D :				
				INSURER E :		10 200 10 0		
	Lakewood	i,	CO 80214-5986					
COVER	RAGES		CERTIFICATE NUMBER:	THOUSENT.		REVISION NUMBER:		
OCATIO	N OF PREMISES /	DESCRIPTION OF P	PROPERTY (Attach ACORD 101, Additional Remarks	Schedule, if more sp	pace is required)			
THIS !	S TO CERTIFY	THAT THE POLI	ICIES OF INSURANCE LISTED BELOW HAV	'E BEEN ISSUED "	TO THE INSURED N	NAMED ABOVE FOR THE F	POLICY PERIOD	
EXCL	IFICATE MAY E	BE ISSUED OR M	NY REQUIREMENT, TERM OR CONDITION NAY PERTAIN, THE INSURANCE AFFORDE SUCH POLICIES. LIMITS SHOWN MAY HAY	D BY THE POLICIE E BEEN REDUCE	S DESCRIBED HER D BY PAID CLAIMS	REIN IS SUBJECT TO ALL	TO WHICH THIS THE TERMS,	
NSR LTR	TYPE OF IN	ISURANCE	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)		LIMITS	
X	PROPERTY			-		BUILDING	\$	
CAL	USES OF LOSS	DEDUCTIBLES				PERSONAL PROPERTY		
	BASIC	\$10,000				BUSINESS INCOME	S SEE ACORD 10	
	BROAD	CONTENTS	-			EXTRA EXPENSE	\$ SEE ACORD 10	
X	SPECIAL					RENTAL VALUE	\$ SEE ACORD 10	
	EARTHQUAKE		96-EK-5358-2	02/09/2022	02/09/2023	BLANKET BUILDING	\$ \$8,036,500	
	WIND		90-LR-3338-2	02/09/2022	02/09/2023	BLANKET PERS PROP	S	
	FLOOD					BLANKET BLDG & PP	S	
							s	
							s	
	INLAND MARIN	E	TYPE OF POLICY				\$	
CAUSES OF LOSS							\$	
	NAMED PERILS	3	POLICY NUMBER				\$	
							\$	
	CRIME						\$	
TYF	PE OF POLICY						\$	
							\$	
X	BOILER & MAC						\$	
	EQUI MENT DE						\$	
							\$	
							s	
	CONDITIONS / OT		(ACORD 101, Additional Remarks Schedule, may be	attached if more spa	ce is required)			
CERTI	FICATE HOL	DER		CANCELLAT	TION			
	REALT	Y ONE, INC		THE EXPIRA		DESCRIBED POLICIES BE COOF, NOTICE WILL BE DELICY PROVISIONS.		
1630 Carr St Ste D					AUTHORIZED REPRESENTATIVE			
Lakewood CO 80314 5086			IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.					

© 1995-2015 ACORD CORPORATION. All rights reserved.

Lakewood,

CO 80214-5986

AGENCY CUSTOMER ID:		
1.00 #.	and the second s	



### ADDITIONAL REMARKS SCHEDULE

Page -	1	of	
-3-		•	

AGENCY		NAMED INSURED
Kim Wood		Marshall Park Villas Homeowners Assn
POLICY NUMBER		
96-EK-5358-2		
CARRIER	NAIC CODE	
State Farm Fire and Casualty Company 25143		EFFECTIVE DATE: 02/09/2022

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 24

FORM TITLE: Certificate of Property Insurance

#### **Unit Owner:**

N/A - MARSHALL ST - WHEAT RIDGE CO, - CO - 80033 - Unit Loan Number:0000000000000 - Number Of Units: 0028

Association Type:

CMP-4100

CMP-4206.1

Residential Community Association Policy

#### Forms, Options and Endorsements:

# ents: Forms, Options and Endorsements: Businessowners Coverage Form CMP-4815 D Amendatory Endorsement FE-6999.3 Terro

CMP-4550 Residential Community Assoc CMP-4508 Money and Securities FE-3650 Actual Cash Value Endorsement

CMP-4710 CMP-4705.2 CMP-4561.1 Dir & Officers \$1,000,000
Terrorism Insurance Cov Notice
Emp Dishonesty \$50,000
Loss of Income & Extra Expnse

Policy Endorsement

Coverages:

Business Liability	\$1,000,000
Medical Payments	\$5,000
Products-Completed Operations	\$2,000,000
General Aggregate	\$2,000,000

#### Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association bylaws including the following types of property within a unit, regardless of ownership:

- 1. Fixtures, improvements and alterations that are a part of the building or structure; and
- 2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. *However, these endorsements do not change any replacement cost coverage provided by the policy.* 

This policy provides coverage on a standalone/individual condominium association.

#### **Commercial General Liability**

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

#### Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage,