

**Glenridge Square Condominium Association
c/o Realty One, Inc.
1630 Carr Street, Suite D
Lakewood CO 80214
303.237.8000**

Master Insurance Policy

Request for:

Mortgage Certificate of Insurance or a Master Insurance Policy

Carrier: Aspen Specialty Insurance Company

Policy # WKA USO2515-00 Policy Period: 8/15/18-8/15/19

Broker Information:

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

303.863.7788

303.861.7502 (fax)

Policy Number
(1) WKA US02515-00

NO FLAT CANCELLATION

Aspen Specialty Insurance Company

175 Capitol Blvd, Suite 100, Rocky Hill, CT 06067

Please forward correspondence and claims to our Administrative Office: WKFC Underwriting Managers
One Huntington Quadrangle
Suite 4N20
Melville, NY 11747

COMMERCIAL PROPERTY POLICY COMMON POLICY DECLARATIONS

POLICY PERIOD		At 12:01 A.M. Standard Time at your Mailing Address Shown Below.	RENEWAL OF NUMBER	Account Number
Effective Date	Expiration Date			
08/15/2018	08/15/2019			

NAMED INSURED AND ADDRESS

Glen Ridge Square Condominium Association
c/o Realty One
1426 Pierce Street
Lakewood, CO 80214

PRODUCER NAME AND ADDRESS

Burns & Wilcox Ltd.-CO
7807 E. Peakview Avenue
Centennial, CO 80111
Phone: 303-804-0200

BUSINESS DESCRIPTIONS: CIVIC AND SOCIAL ASSOCIATIONS

In return for the payment of the premium and subject to all the terms of this policy, the company indicated above agrees to provide the insurance stated in this policy.

PREMIUM SUMMARY:

This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.	
Commercial Property Coverage Non-Terrorism Part	\$20,465.00
Commercial Property Coverage Terrorism Part	Not Taken
Commercial Inland Marine Coverage Non-Terrorism Part	\$0.00
Commercial Inland Marine Coverage Terrorism Part	\$0.00
Commercial Crime Coverage Part	\$0.00
Commerical Auto Coverage Part	\$0.00
Commercial Equipment Breakdown Coverage Part	\$0.00

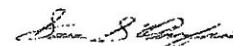
Inspection Fee \$200.00

MGA Service Fee \$125.00

Brokerage Fee \$250.00
S/L Tax \$631.20

Minimum Earned % 25.00%
TOTAL \$21,671.20

This contract is delivered as a surplus line coverage under the 'Nonadmitted Insurance Act'. The insurer issuing this contract is not licensed in Colorado but is an eligible nonadmitted insurer. There is no protection under the provisions of the 'Colorado Insurance Guaranty Association Act'.



Authorized Signature

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE*

*Omits applicable forms and endorsements if shown in specific Coverage Part/Coverage Form Declarations.

The cost of the insurance provided herein includes a fee to a wholesale intermediary in addition to the premium charges.

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No.:WKA US02515-00

Effective Date:8/15/2018 **
12:01 A.M. Standard Time

NAMED INSURED: Glen Ridge Square Condominium Association

DESCRIPTION OF PREMISES:

PREM/BLDG NO LOCATION, CONSTRUCTION AND OCCUPANCY

See Location Schedule attached

COVERAGES PROVIDED -Insurance at the described premises applies only for which a limit of insurance is shown

PREM/BLDG NO	CODE	COVERAGE	LIMIT OF INSURANCE	ACV/RC*	COVERED CAUSES OF LOSS	COINSURANCE	RATES
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See Location Schedule attached

*RC means Replacement Cost

OPTIONAL COVERAGES - Applicable only when entries are made in the schedule below

PREM/BLDG NO	CODE	COVERAGE	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINSURANCE**	RATES
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PREM/BLDG NO	***MONTHLY LIMIT OF INDEMNITY(FRACTION)	MAXIMUM PERIOD OF INDEMNITY(X)	***EXTENDED PERIOD OF INDEMNITY(DAYS)
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*RC means Replacement Cost **Extra Expense Coverage, Limits on Loss Payment ***Applies To Business Income Only

MORTGAGE HOLDERS

PREM/BLDG NO MORTGAGE HOLDER NAME AND MAILING ADDRESS

See Mortgagee Schedule attached*

*If no schedule attached, nomortgagees apply

DEDUCTIBLE: \$5,000- Other Deductibles May Apply See Attached Endorsements

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy):

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue: See Form Schedule attached

Coverage Exception

Applicable only to Specific Premises/Coverages	Prem No.	Bldg. No.	Coverages	Form Numbers
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PREMIUM

Minimum Premium for this Coverage Part: 25 %

Premium for this Coverage Part \$20,465.00

**Inclusion of Date Optional

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THIS INSURED AND THE POLICY PERIOD