

**Marshall Park Villas 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: State Farm Fire and Casualty Company  
Policy # 96-EK-5358-2 Policy Period: 2/9/19-2/9/20

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)

3 Ravinia Drive  
Atlanta GA 30346-2117

M-20-2715-FB05 F V

002193 3123

**Named Insured**

MARSHALL PARK VILLAS  
HOMEOWNERS ASSN  
C/O REALTY ONE INC  
1630 CARR ST STE D  
LAKEWOOD CO 80214-5986

**Policy Number 96-EK-5358-2**

**Policy Period** 12 Months  
**Effective Date** FEB 9 2019  
The policy period begins and ends at 1 time at the premises location.

**Agent and Mailing Address**  
KIM WOOD  
12191 W 64TH AVE STE 201  
ARVADA CO 80004-4030

PHONE: (303) 420-9384

**Residential Community Association Policy**

**Automatic Renewal** - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder compliance with the policy provisions or as required by law.

**Entity:** HOMEOWNERS ASSN

**Reason for Declarations:** Your policy is amended DEC 27 2018  
INSURED NAME AND/OR ADDRESS CHANGE

Other items shown are effective  
with the policy's 2019 renewal

Endorsement Premium None

Discounts Applied:  
Renewal Year  
Multiple Unit  
Claim Record

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**DECLARATIONS (CONTINUED)**

Residential Community Association Policy for MARSHALL PARK VILLAS  
 Policy Number 96-EK-5358-2

**SECTION I - PROPERTY BLANKET**

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|   |                     |
|---|---------------------|
| Coverage A - Buildings                  | Limit of Insurance* |
| Coverage B - Business Personal Property | \$ 7,013,700        |
|   | No Coverage         |

| Location Number | Location of Described Premises                     |
|-----------------|--|
| 001             | 3335-3337 MARSHALL ST<br>WHEAT RIDGE CO 80033-6416 |
| 002             | 3320-3322 MARSHALL ST<br>WHEAT RIDGE CO 80033-6417 |
| 003             | 3315-3317 MARSHALL ST<br>WHEAT RIDGE CO 80033-6416 |
| 004             | 6505-6507 W 34TH AVE<br>WHEAT RIDGE CO 80033-6405  |
| 005             | 6520-6522 W 34TH AVE<br>WHEAT RIDGE CO 80033-6405  |
| 006             | 3340-3342 MARSHALL ST<br>WHEAT RIDGE CO 80033-6417 |
| 007             | 3360-3362 MARSHALL ST<br>WHEAT RIDGE CO 80033-6417 |
| 008             | 6540-6542 W 35TH AVE<br>WHEAT RIDGE CO 80033-6411  |

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for MARSHALL PARK VILLAS  
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| Location Number | Location of Described Premises                     |
|-----------------|--|
| 009             | 3460-3462 MARSHALL ST<br>WHEAT RIDGE CO 80033-6419 |
| 010             | 3380-3382 MARSHALL ST<br>WHEAT RIDGE CO 80033-6417 |
| 011             | 3355-3357 MARSHALL ST<br>WHEAT RIDGE CO 80033-6416 |
| 012             | 6510-6512 W 34TH AVE<br>WHEAT RIDGE CO 80033-6405  |
| 013             | 6555-6557 W 34TH AVE<br>WHEAT RIDGE CO 80033-6405  |
| 014             | 6525-6527 W 34TH AVE<br>WHEAT RIDGE CO 80033-6405  |

**AUXILIARY STRUCTURES**

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| Location Number | Description       |
|-----------------|-------------------|
| 001A            | Garage or Carport |

\* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for MARSHALL PARK VILLAS  
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**SECTION I - INFLATION COVERAGE INDEX(ES)**

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Inflation Coverage Index: 193.6

**SECTION I - DEDUCTIBLES**

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**Basic Deductible** \$10,000

**Special Deductibles:**

|                      |         |                     |       |
|----------------------|---------|---------------------|-------|
| Money and Securities | \$250   | Employee Dishonesty | \$250 |
| Equipment Breakdown  | \$2,500 |                     |       |

Other deductibles may apply - refer to policy.

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**

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The coverages and corresponding limits shown below apply separately to each described premises Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

| COVERAGE  | L<br>INS   |
|---|------------|
| Collapse  |            |
| Damage To Non-Owned Buildings From Theft, Burglary Or Robbery | Coverage   |
| Debris Removal  | 25% of cov |
| Equipment Breakdown   |            |
| Fire Department Service Charge                                |            |
| Fire Extinguisher Systems Recharge Expense                    |            |
| Glass Expenses  |            |

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DECLARATIONS (CONTINUED)

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Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)

Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)

Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)

Ordinance Or Law - Equipment Coverage

Preservation Of Property

Water Damage, Other Liquids, Powder Or Molten Material Damage

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX**

The coverages and corresponding limits shown below apply separately to each complex as described

| COVERAGE   | LI<br>INS |
|--|-----------|
| Accounts Receivable<br>On Premises<br>Off Premises   |           |
| Arson Reward   |           |
| Forgery Or Alteration  |           |
| Money And Securities (Off Premises)  |           |
| Money And Securities (On Premises)   |           |
| Money Orders And Counterfeit Money   |           |
| Outdoor Property   |           |
| Personal Effects (applies only to those premises provided Coverage B - Business Personal Property) |           |
| Personal Property Off Premises   |           |
| Pollutant Clean Up And Removal   |           |

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DECLARATIONS (CONTINUED)

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Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)

Signs

Valuable Papers And Records  
On Premises  
Off Premises

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY**

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The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

| COVERAGE                         | LI<br>INS               |
|----------------------------------|-------------------------|
| Back-Up of Sewer or Drain        |                         |
| Employee Dishonesty              |                         |
| Loss Of Income And Extra Expense | Actual Loss Sustained - |

**SECTION II - LIABILITY**

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| COVERAGE                                       | L<br>INS |
|--|----------|
| Coverage L - Business Liability                | \$1      |
| Coverage M - Medical Expenses (Any One Person) |          |
| Damage To Premises Rented To You               |          |
| Directors And Officers Liability               | \$1      |

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DECLARATIONS (CONTINUED)

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AGGREGATE LIMITS

LI  
INS

|   |     |
|---|-----|
| Products/Completed Operations Aggregate | \$2 |
| General Aggregate                       | \$2 |
| Directors and Officers Aggregate        | \$1 |

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

|            |                                |
|------------|--------------------------------|
| CMP-4100   | Businessowners Coverage Form   |
| CMP-4815   | Directors/Officers Endorsement |
| CMP-4206.1 | Amendatory Endorsement         |
| FE-6999.2  | Terrorism Insurance Cov Notice |
| CMP-4550   | Residential Community Assoc    |
| CMP-4746.1 | Hired Auto Liability           |
| CMP-4710   | Employee Dishonesty            |
| CMP-4508   | Money and Securities           |
| CMP-4705.2 | Loss of Income & Extra Expnse  |
| FE-3650    | Actual Cash Value Endorsement  |
| CMP-4561.1 | Policy Endorsement             |
| FD-6007    | Inland Marine Attach Dec       |

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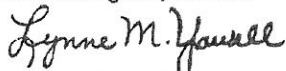
Residential Community Association Policy for MARSHALL PARK VILLAS  
Policy Number 96-EK-5358-2


This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its Secretary at Bloomington, Illinois.

  
Secretary

  
President

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