

**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:

Dana Moore
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).

PRODUCER AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No): E-MAIL ADDRESS:														
INSURED Monroe Place Townhomes Association c/o Realty One, Inc. 1630 Carr St, Suite D Lakewood, CO 80214	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : AmGUARD Insurance Company</td><td>42390</td></tr><tr><td>INSURER B : Pennsylvania Manufacturers' Association Insurance Company</td><td>12262</td></tr><tr><td>INSURER C : Great American Insurance Company</td><td>16691</td></tr><tr><td>INSURER D : Travelers Casualty & Surety Co of America</td><td>31194</td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AmGUARD Insurance Company	42390	INSURER B : Pennsylvania Manufacturers' Association Insurance Company	12262	INSURER C : Great American Insurance Company	16691	INSURER D : Travelers Casualty & Surety Co of America	31194	INSURER E :		INSURER F :	
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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"/> PROJECT <input type="checkbox"/> LOC OTHER:			MOBP071842	08/11/2019	08/11/2020	EACH OCCURRENCE \$ 1,000,000 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
	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 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	201901-10-27-25-9Y	08/11/2019	08/11/2020	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
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 AssuredPartners Colorado		NAMED INSURED Monroe Place Townhomes Association c/o Realty One, Inc. 1630 Carr St, Suite D Lakewood, CO 80214	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

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

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ADDITIONAL REMARKS SCHEDULE

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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****