

**Brookside 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: Nautilus Insurance Company

Policy # NN1006001 Policy Period: 8/15/20 - 8/15/21

Broker Information:

Richard Mann
American Family Brokerage
10465 Melody Dr., Ste 109
Northglenn, CO 80234

303.280.3346
303.280.3499 (fax)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/13/2020

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 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 American Family Brokerage Inc 6000 American Parkway Madison WI 53783		CONTACT NAME: Richard A Mann PHONE (A/C, No., Ext): (303) 280-3346 E-MAIL ADDRESS: rmann@amfam.com	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE	
INSURED BROOKSIDE CONDOMINIUMS 1630 Carr Street Denver CO 80214	INSURER A: Nautilus Insurance Company		NAIC #
	INSURER B: Continental Casualty Company		
	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="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NN1160655	08/15/2020	08/15/2021	<input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="checked" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	
			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 \$ Included						
		\$						
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS							BODILY INJURY (Per person) \$	
<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
UMBRELLA LIAB							EACH OCCURRENCE \$	
EXCESS LIAB							AGGREGATE \$	
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N	N / A				E.L. EACH ACCIDENT \$	
		<input checked="checked" type="checkbox"/> N					E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
B	Directors & Officers Crime			618811558	08/15/2020	08/15/2021	Aggregate Limit: \$1,000,000 Per Loss Limit: \$75,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Additional Remarks Schedule Acord 101

CERTIFICATE HOLDER BROOKSIDE CONDOMINIUMS 1630 Carr Street Denver CO 80214	CANCELLATION 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
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ADDITIONAL REMARKS SCHEDULE

AGENCY American Family Brokerage Inc		NAMED INSURED BROOKSIDE CONDOMINIUMS 1630 Carr Street	
POLICY NUMBER NN1160655		EFFECTIVE DATE:	
CARRIER SEE CERTIFICATE	NAIC CODE	Denver, CO, 80214	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Policy Number NN1160655, Effective 08/15/2020-08/15/2021
 Combined Property Coverage Limit, Not on a Blanket Basis-\$2,212,770
 Covered Causes of Loss-Basic
 CoInsurance-80%
 Actual Cash Value

Property Management is an Additional Insured in regards to the Crime Policy

3 Buildings, 24 Units

Deductible-\$5,000
 Wind/Hail Deductible-\$5,000