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

Policy Period: 8/11/21 - 8/11/22

Broker Information:

Stailey Insurance Corporation 2084 S. Milwaukee Street Denver, CO 80210

303.759.2796 303.759.2960 (fax)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/12/2021

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	Stailey Insurance Corporation 2084 S. Milwaukee Street Denver		80210-	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Certificate Department (303)759-2796 Certificates@staileycorp.	FAX (A/C, No):(303)	759-2960
					INSURER(S) AFFORDING COVE	RAGE	NAIC#
				INSURER A : AL	ito-Owners		18988
INSURED	Monroe Place Townhome Association			INSURER B: Great American Ins Co			16691
	c/o Realty One, Inc. 1630 Carr St, Ste D			INSURER C: Pennsylvania Manufacturers' Association Insurance			12262
				INSURER D: Travelers Cas & Surety Co			31194
	Lakewood	CO	80214-	INSURER E :			
		2.0		INSURER F :			
COVERAGES CERTIFICATE NUMBER:					REVISIO	N 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, EYCLUSIONS AND CONDITIONS OF SUCH BOLICIES LIMITS SHOWN MAY HAVE BEEN REPUBLISHED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

NSR TR		TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S
Ą	X	CLAIMS-MADE X OCCUR		74482197	08/11/2021	08/11/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$ 2,000,00 \$ 100,00
ļ		OLANIO-WADE OCCOR					PREMISES (Ea occurrence) MED EXP (Any one person)	s 5,00
5							PERSONAL & ADV INJURY	\$ 2,000,00
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,00	
3		POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,00
		OTHER:						\$
١	AUT	OMOBILE LIABILITY		74482197	08/11/2021	08/11/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,00
		ANY AUTO					BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
		UMBRELLA LIAB OCCUR			Í		EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$						\$
-		KERS COMPENSATION EMPLOYERS' LIABILITY		2021011027259Y	08/11/2021	08/11/2022	PER X OTH-	
AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		Î	100 mm	E.L. EACH ACCIDENT	\$ 1,000,00	
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,00	
					4	E.L. DISEASE - POLICY LIMIT	\$ 1,000,00	
Fidelity - Includes Mgmt Co.			106968072	08/11/2021	08/11/2024	\$1,000 Ded Limit	\$100,00	
B Directors/Officers Liability			EPPE295404-03	08/11/2021	08/11/2022	\$2,500 Ded Limit	\$1,000,00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Coverage: Carrier - Arch Specialty Insurance; Policy Period 8/11/2021 to 22; Limit of Insurance \$3,699,468; \$5,000 Deductible;
2% Wind/Hail Deductible. Coverage Forms Include: Replacement Cost; Building Ordinance; Sewer Drain Backup. 2 Buildings; 10 Units
PLEASE REFER TO ASSOCIATION LEGAL DOCUMENTS (CC&R's) FOR INSURANCE RESPONSIBILITY OF HOA VS OWNER

CERTIFICATE HOLDER	CANCELLATION	AI 073064	
Informational Certificate Only	SHOULD ANY OF THE ABOVE DESCRIBED PO THE EXPIRATION DATE THEREOF, NO ACCORDANCE WITH THE POLICY PROVISION	TICE WILL BE DELIVERED IN	
	AUTHORIZED REPRESENTATIVE	Matheson	