



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/4/2018

**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.**

**If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.**

<b>PRODUCER</b> Moody Insurance Agency, Inc. 8055 East Tufts Avenue Suite 1000 Denver CO 80237	<b>CONTACT NAME:</b> Peter Foley <b>PHONE (A/C. No. Ext):</b> (303)824-6600 <b>FAX (A/C. No):</b> (303)370-0118 <b>E-MAIL ADDRESS:</b> peter.foley@moodyins.com <b>PRODUCER CUSTOMER ID:</b> 00011947														
<b>INSURED</b> Lanai Condominium Association C/O Centennial Property Services 800 Washington Street Denver CO 80203	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Granite State Insurance Co</td> <td style="text-align: center;">23809</td> </tr> <tr> <td>INSURER B: Great American Insurance Co</td> <td style="text-align: center;">16691</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></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: Granite State Insurance Co	23809	INSURER B: Great American Insurance Co	16691	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                      **CERTIFICATE NUMBER:** 18-19 Master Property                      **REVISION NUMBER:**

**LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Loc# 00001 Bldg# 00001: 800 Washington Street Denver CO 80203

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>PROPERTY</b>	RC Agreed Value 16,475,750 No Coinsurance No Inflation Guard 1820089-11 100 Units To Date	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> BUILDING	\$ 16,475,750
	CAUSES OF LOSS				<input type="checkbox"/> PERSONAL PROPERTY	\$
	<input type="checkbox"/> BASIC				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				<input type="checkbox"/> RENTAL VALUE	\$
	<input checked="" type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/> WIND				<input type="checkbox"/> BLANKET PERS PROP	\$
<input checked="" type="checkbox"/> FLOOD	<input type="checkbox"/> BLANKET BLDG & PP	\$				
				<input checked="" type="checkbox"/> Building Ordinance or Law	\$ <b>Included</b>	
	<b>INLAND MARINE</b>	TYPE OF POLICY			\$	
	CAUSES OF LOSS				\$	
	NAMED PERILS	POLICY NUMBER			\$	
<b>B</b>	<input type="checkbox"/> <b>CRIME</b>	SAA55438212246012	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> Employee Dishonesty	\$ 850,000
	TYPE OF POLICY				<input type="checkbox"/> Includes Prop Mng as AI	\$
<b>A</b>	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>	1820089-11	1/1/2018	1/1/2019	<input checked="" type="checkbox"/>	\$ <b>Included</b>
						\$
<b>A</b>	General Liability	012282144	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> Per Occurrence	\$ 1,000,000
					<input checked="" type="checkbox"/> General Aggregate	\$ 2,000,000

**SPECIAL CONDITIONS / OTHER COVERAGES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 \*\*\*For Information Only\*\*\*

Additional Insurance coverages are on file with the Property Management Company.

**CERTIFICATE HOLDER**

**CANCELLATION**

<p style="text-align: center;">***For Information Only***</p>	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;">Peter Foley/PETFOL </p>
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