

**Brookside 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: Nautilus Insurance Company

Policy # NN958913 Policy Period: 8/15/18-8/15/19

Broker Information:

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

303.280.3346

303.280.3499 (fax)

COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS
NAUTILUS INSURANCE COMPANY

Scottsdale, Arizona

Transaction Type: New

Renewal of Policy # _____
 Rewrite of Policy # _____
 Cross Ref. Policy # _____
 NIC Quote # _____

Inspection Ordered:
 Yes No

Policy No. NN958913

"This contract is delivered as a surplus line coverage under the 'Nonadmitted Insurance Act'. The insurer issuing this contract is not licensed in Colorado but is an eligible nonadmitted insurer. There is no protection under the provisions of the 'Colorado Insurance Guaranty Association Act'."

"This policy is issued by an insurance company that is not regulated by the Colorado Division of Insurance. The insurance company may not provide claims service and may not be subject to service of process in Colorado. If the insurance company becomes insolvent, insureds or claimants will not be eligible for protection under Colorado insurance law"
 American family Brokerage Inc.
 440615 JB

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)
 Brookside Condominiums

8900 FOX DRIVE

THORNTON CO 80260

Agent and Mailing Address

Agency No. 481100

(No., Street, Town or City, County, State, Zip Code)

American Family Brokerage, Inc
 6000 American Parkway

Madison WI 53783

Policy

NO FLAT CANCELLATION

Period: From 08/15/2018 to 08/15/2019 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Condominium HOA

Tax State CO

Form of Business: Organization Including Corporation


IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE WILL PROVIDE YOU THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.
 THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

		PREMIUM
Commercial General Liability Coverage Part	\$	998.00
Commercial Property Coverage Part	\$	6,959.00
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
Tax & Fee Schedule		
Inspection Fee	\$ 125.00	
Policy Fee	300.00	
Surplus Lines Tax	251.46	
		TOTAL ADVANCE PREMIUM \$ 7,957.00
		Minimum & Deposit
		TOTAL TAXES & FEES \$ 676.46
		TOTAL \$ 8,633.46

Form(s) and Endorsement(s) made a part of this policy at time of issue:
 Refer to Schedule of Forms and Endorsements.

Countersigned: Madison, WI
 09/05/2018

By 
 Countersignature or Authorized Representative, whichever is applicable

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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