

**Villa Margaux Homeowners 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: Travelers Casualty Insurance Company

PO # 680-9M845462-18-42 Policy Period: 12/11/18-12/11-19

Broker Information:

Dana Moore
Assured Partners Colorado
4582 S. Ulster Street, Suite 600
Denver, CO 80237

303.863.7788

303.861.7502 (fax)



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS

CONDOMINIUM PAC

BUSINESS: CONDO - 13-24 U

POLICY NO.: 680-9M845462-18-42

ISSUE DATE: 12/11/2018

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

VILLA MARGAUX HOMEOWNERS
ASSOCIATION, INC.
1630 CARR ST
STE D
LAKEWOOD CO 80214

2. POLICY PERIOD: From 12/11/2018 to 12/11/2019 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM.

LOC.

BLDG.

ADDRESS

NO.

NO.

OCCUPANCY

(same as Mailing Address unless specified otherwise)

001

ALL

RESIDENTIAL CONDOS

2620 S FEDERAL BLVD

DENVER

CO 80219

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS and SUPPLEMENTS

INSURING COMPANY

Businessowners Coverage Part

ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY

POLICY NUMBER

INSURING COMPANY

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium

\$ 16,146.00

Due at Inception

\$

Due at Each

\$

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

ASSURED PARTNERS OF CO
4582 S ULSTER ST STE 600

G8606

DENVER

CO 80237

Authorized Representative

IL TO 19 02 05 (Page 1 of 01)

DATE: 12/11/2018

Office: DENVER CO

DOWN



One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: 680-9M845462-18-42

ISSUE DATE: 12/11/2018

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:

From 12-11-18 to 12-11-19 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 5,000 per occurrence.
 Building Glass: \$ 5,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: ALL

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 3,928,606	Blanket Limit RC*	N/A	0.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.