

**First & Harlan Carriage Homes Condominium Association**  
**c/o Realty One, Inc.**  
**PO Box 140396**  
**Edgewater, CO 80214**  
**303.500.9297**

**Master Insurance Policy**

Mortgage Certificate of Insurance or a Master Insurance Policy

Policy Period: 11/29/25 - 11/29/26

Broker Information:

JJ Insurance  
Tracy Warren

303.552.3758  
303.733.5091 (fax)



FIRS&amp;HA-01

TWARREN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2025

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  
JJ Insurance  
880 Buchtel Blvd  
Denver, CO 80210

CONTACT NAME: Tracy Warren

PHONE (A/C, No, Ext): (303) 552-3758

FAX (A/C, No):

E-MAIL ADDRESS: tracy@jj-insurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: The Standard Fire Insurance Company

19070

INSURER B: GREENWICH INSURANCE COMPANY

22322

INSURER C: Pennsylvania Manufactures' Association Insurance

12262

INSURER D: TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

31194

INSURER E:

INSURER F:

INSURED  
First & Harlan Carriage Homes Condominiums Association,  
Inc  
C/O Realty One, Inc  
PO BOX 140396  
Edgewater, CO 80214

## 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="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		BIP-A2915608-25-42	11/29/2025	11/29/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7505138	11/29/2025	11/29/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	202501-15-73-65-8Y	11/29/2025	11/29/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors&Officers			106209530	11/29/2025	11/29/2026	Per Claim/Aggregate \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Realty One Inc  
PO BOX 140396  
Edgewater, CO 80214

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

*Tracy Warren*



TWARREN

## EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2025

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY JJ Insurance 880 Buchtel Blvd Denver, CO 80210	PHONE (A/C, No, Ext): (303) 552-3758	COMPANY The Standard Fire Insurance Company
FAX (A/C, No): (303) 733-5091	E-MAIL ADDRESS: tracy@jj-insurance.com	
CODE: AGENCY CUSTOMER ID #: FIRS&HA-01	SUB CODE:	
INSURED First & Harlan Carriage Homes Condominiums Association, Inc C/O Realty One, Inc PO BOX 140396 Edgewater, CO 80214	LOAN NUMBER	POLICY NUMBER BIP-A2915608-25-42
	EFFECTIVE DATE 11/29/2025	EXPIRATION DATE 11/29/2026
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:		

## PROPERTY INFORMATION

LOCATION/DESCRIPTION  
Loc # 0, Bldg # 0, 32-86 Harlan Street and 11-89 Gray Street, Lakewood, CO 80226-2213

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COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	X	SPECIAL			
COVERAGE / PERILS / FORMS							AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 0, Bldg # 0								
TIV Buildings - 33 Units Replacement Cost - Co-Insurance Waived							\$10,394,532	25,000
Building, Windstorm - 5% Per Building							\$10,394,532	5.0000%
Equipment Breakdown - Included Per Building							\$100,000	25,000
Business Income with Extra Expense - Actual Loss Sustained 12 Months								72
Ordinance or Law - Coverage A - Included								25,000
Ordinance Or Law Coverage B & C - Per Building / \$250,000 Aggregate							\$100,000	25,000
Water/Sewage Pump, - Per Building							\$25,000	25,000
Crime/Fidelity - Property Manager listed as an Additional Insured							\$150,000	1,000

## REMARKS (Including Special Conditions)

Special Conditions:  
Coverage applies per the associations governing documents:

"The Association's insurance policy shall be a "bare walls" policy that will rebuild the building structures. The Association's insurance policy shall exclude the finished surfaces of perimeter and partition walls, floors, and ceilings within the Unit (including, but not limited to paint, wallpaper, panelling, other wall coverings and window coverings, tile, carpet and any floor covering). The Association's policy shall also exclude all cabinetry, fixtures, interior appliances and improvements and betterments to Units made by Owners.

Proof of Insurance.

## 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.

## ADDITIONAL INTEREST

NAME AND ADDRESS  Realty One Inc PO BOX 140396 Edgewater, CO 80214	ADDITIONAL INSURED	LENDER'S LOSS PAYABLE	LOSS PAYEE
	<input checked="" type="checkbox"/> MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE <i>Tracy Warren</i>		