

**Estes Square Condominium 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: 11/07/24 - 11/07/25

Broker Information:

JJ Insurance/Tracy Warren
tracy@jj-insurance.com
303.552.3758



ESTESQU-01

TWARREN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/19/2024

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	
INSURED Estes Square Condominium Association, Inc c/o Realty One, Inc 1630 Carr Street, Suite D Lakewood, CO 80214	NAIC # INSURER A : Owners Insurance Company 32700 INSURER B : Pennsylvania Manufactures' Association Insurance INSURER C : GREAT AMERICAN INSURANCE COMPANY 16691 INSURER D : INSURER E : INSURER F :

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			74238532-24	11/7/2024	11/7/2025	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							HNOA \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO 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) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below			202401-15-42-26-5Y	6/12/2024	6/12/2025	<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
C	Directors & Officers			EPPE460473-03	11/7/2024	11/7/2025	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
 1630 Carr Street, Suite D
 Lakewood, 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

ACORD™ EVIDENCE OF PERSONAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
11/19/2024

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

AGENCY JJ Insurance 880 Buchtel Blvd Denver, CO 80210		PHONE (A/C, No, Ext): (303) 552-3758 FAX (A/C, No): (303) 733-5091 E-MAIL ADDRESS: tracy@jj-insurance.com		COMPANY Lexington Insurance Company	
CODE: AGENCY CUSTOMER ID #: ESTESQU-01		SUB CODE:		LOAN NUMBER	
INSURED Estes Square Condominium Association, Inc c/o Realty One, Inc 1630 Carr Street, Suite D Lakewood, CO 80214		POLICY NUMBER WK FCC0502601		EFFECTIVE DATE 11/07/2024	
		EXPIRATION DATE 11/07/2025		CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:					

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 All Buildings - 1315 Estes Street, Lakewood, CO 80215

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Total Buildings / RC/ Special Form/ No Co-Ins/28 Units	\$4,550,000	25,000
Windstorm	\$4,550,000	5.0000%
Water Damage Extension	\$4,550,000	10,000
Equipment Breakdown - Broad Form	\$4,714,000	25,000
Backup of Water and Sewer	\$50,000	10,000
Building Ordinance or Law Coverage A Included / Coverage B & C Combined	\$250,000	25,000
Business Interruption - Association Fees - Actual Loss Sustained	\$109,000	25,000
Business Personal Property, Special (Including theft)	\$10,000	25,000
Crime - Employee Dishonesty - Property Manager included as an additional insured.	\$100,000	1,000

REMARKS (Including Special Conditions)

Special Conditions:
 Coverage is provided based on Governing Documents:

A. policy of property insurance in an amount equal to the full replacement value (i.e. 100% of the current "Replacement cost" exclusive of land, excavation and other items normally excluded from coverage" of the Improvements located on the Common Areas . Coverage is walls out. Waiver of Subrogation applies. Inflation Guard does not apply. Values are reviewed annually.

Proof of Coverage

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS Realty One, Inc 1630 Carr Street, Suite D Lakewood, CO 80214	MORTGAGEE		ADDITIONAL INSURED
	LOSS PAYEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		