

**Marshall Park Villas 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

Carrier: State Farm Fire and Casualty Company
Policy # 96-EK-5358-2 Policy Period: 2/9/25 - 2/9/26

Broker Information:

Kim Wood
State Farm Fire and Casualty Company
12191 W. 64th Ave., Ste 201
Arvada, CO 80004

303.420.9384
720.545.2615 (fax)



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
01/22/2025

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.

| | | | |
|--|--|--|--------------------------------------|
| PRODUCER Kim Wood 12191 W 64th Ave Ste 201 Arvada CO 80004-4030 | CONTACT NAME: KIM WOOD PHONE (A/C, No, Ext): 303-420-9384 | | FAX (A/C, No): |
| | E-MAIL ADDRESS: PRODUCER CUSTOMER ID: | | INSURER(S) AFFORDING COVERAGE |
| INSURED MARSHALL PARK VILLAS HOMEOWNERS ASSN C/O REALTY ONE INC 1630 CARR ST STE D LAKEWOOD CO 80214-5986 | INSURER A: State Farm Fire and Casualty Company | | NAIC # 25143 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 REFER TO ACORD 101

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 | |
|----------|--|---------------|------------------------------------|-------------------------------------|----------------------|--|------------------|
| A | <input checked="" type="checkbox"/> PROPERTY | 96-EK-5358-2 | 02/09/2025 | 02/09/2026 | BUILDING | \$ | |
| | CAUSES OF LOSS | | | | DEDUCTIBLES | PERSONAL PROPERTY | \$ |
| | BASIC | | | | BUILDING \$25,000.00 | BUSINESS INCOME | \$ SEE ACORD 101 |
| | BROAD | | | | CONTENTS | EXTRA EXPENSE | \$ SEE ACORD 101 |
| | <input checked="" type="checkbox"/> SPECIAL | | | | | RENTAL VALUE | \$ SEE ACORD 101 |
| | EARTHQUAKE | | | | | <input checked="" type="checkbox"/> BLANKET BUILDING | \$ 9,942,200 |
| | WIND | | | | | BLANKET PERS PROP | \$ |
| | FLOOD | | | | | BLANKET BLDG & PP | \$ |
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SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DEDUCTIBLE: \$25,000 WIND/HAIL DEDUCTIBLE: 1%
 ANNUAL PREMIUM: \$35,187
 SEE ACORD 101

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| MARSHALL PARK VILLAS C/O REALTY ONE INC 1630 CARR ST STE D LAKEWOOD CO 80214-5986 | 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 Completed by an authorized State Farm representative. If signature is required, please contact agent. |

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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

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| | | | |
|---|--------------------|---|--|
| AGENCY KIM WOOD | | NAMED INSURED MARSHALL PARK VILLAS HOMEOWNERS ASSN | |
| POLICY NUMBER 96-EK-5358-2 | | | |
| CARRIER State Farm Fire and Casualty Company | NAIC CODE 25143 | EFFECTIVE DATE: 02/09/2025 | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 24 FORM TITLE: CERTIFICATE OF PROPERTY INSURANCE**

Association Type: Residential Community Association Policy

- Forms, Options and Endorsements:
- Forms, Options and Endorsements:
 - CMP-4100 Businessowners Coverage Form
 - CMP-4815 Dir & Officers \$1,000,000
 - CMP-4206.2 Amendatory Endorsement
 - FE-6999.3 Terrorism Insurance Cov Notice
 - CMP-4550 Residential Community Assoc
 - CMP-4710 Emp Dishonesty \$50,000
 - CMP-4508 Money and Securities
 - CMP-4705.2 Loss of Income & Extra Expnse
 - FE-3650 Actual Cash Value Endorsement
 - CMP-4561.4 Policy Endorsement
 - CMP-4849 Windstorm Or Hail Deductible

Coverages: Business Liability \$1,000,000 Medical Payments \$5,000 Products-Completed Operations \$2,000,000 General Aggregate \$2,000,000

Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements. Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. However, these endorsements do not change any replacement cost coverage provided by the policy. This policy provides coverage on a standalone/individual condominium association.

Commercial General Liability State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

Loss of Rents, Loss of Income and Extra Expense If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.