

**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: 11/07/25 - 11/07/26

Broker Information:

JJ Insurance/Tracy Warren  
[tracy@jj-insurance.com](mailto:tracy@jj-insurance.com)  
303.552.3758



ESTESQU-01

TWARREN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/4/2025

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).

<b>PRODUCER</b> JJ Insurance 880 Buchtel Blvd Denver, CO 80210		<b>CONTACT NAME:</b> Tracy Warren <b>PHONE (A/C, No, Ext):</b> (303) 552-3758 <b>E-MAIL ADDRESS:</b> tracy@jj-insurance.com <b>FAX (A/C, No):</b>		
<b>INSURED</b> Estes Square Condominium Association c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A : Owners Insurance Company</b>		<b>32700</b>
		<b>INSURER B : Pennsylvania Manufactures' Association Insurance</b>		<b>12262</b>
		<b>INSURER C : StarNet Insurance Company</b>		<b>40045</b>
		<b>INSURER D :</b>		
		<b>INSURER E :</b>		
		<b>INSURER F :</b>		

## 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> OTHER:	X	74238532-25	11/7/2025	11/7/2026	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
	<b>AUTOMOBILE LIABILITY</b> <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"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	202501-15-42-26-5Y	6/12/2025	6/12/2026	<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
C	<b>Directors&amp;Officers</b>		QDO0013692-00	11/7/2025	11/7/2026	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

**ACORD™ EVIDENCE OF PERSONAL PROPERTY INSURANCE**

DATE (MM/DD/YYYY)

11/04/2025

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.

<b>AGENCY</b> JJ Insurance 880 Buchtel Blvd Denver, CO 80210		<b>PHONE</b> (A/C, No, Ext): (303) 552-3758 <b>FAX</b> (A/C, No): (303) 733-5091 <b>E-MAIL</b> ADDRESS: tracy@jj-insurance.com		<b>COMPANY</b> Lexington Insurance Company	
<b>CODE:</b> AGENCY CUSTOMER ID #: ESTESQU-01 INSURED  Estes Square Condominium Association c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214		<b>SUB CODE:</b>		<b>LOAN NUMBER</b>  <b>POLICY NUMBER</b> WKFCC-0502602	
		<b>EFFECTIVE DATE</b> 11/07/2025		<b>EXPIRATION DATE</b> 11/07/2026	
		<input type="checkbox"/> 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 PO BOX 140396 Edgewater, CO 80214	MORTGAGEE		ADDITIONAL INSURED
	LOSS PAYEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE 		