

**Brookside 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: 8/15/25 - 8/15/26

Broker Information:

**Tracy Warren
JJ Insurance
880 Buchtel Blvd.
Denver, CO 80210**

303.552.3758



BROOCON-01

TWARREN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2025

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):
INSURED Brookside Condominium Association, Inc c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214	E-MAIL ADDRESS: tracy@jj-insurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Auto Owners Insurance	NAIC # 18988
	INSURER B : Pennsylvania Manufactures' Association Insurance	12262
	INSURER C : StarNet Insurance Company	40045
	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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired&Non-Owned Auto Liability		74234229-25	8/15/2025	8/15/2026	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 HIRED&NONOWNED \$ 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	202501-10-27-24-2Y	8/15/2025	8/15/2026	<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	Directors&Officers		QDO0009924-00	8/15/2025	8/15/2026	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



TWARREN

EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
8/15/2025

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 Arch Specialty Insurance Company	
FAX (A/C, No): (303) 733-5091		E-MAIL ADDRESS: tracy@jj-insurance.com		
CODE: AGENCY CUSTOMER ID #: BROOCON-01		SUB CODE:		
INSURED Brookside Condominium Association, Inc c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214		LOAN NUMBER		POLICY NUMBER NHPRP0036004
		EFFECTIVE DATE 8/15/2025	EXPIRATION DATE 8/15/2026	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc # 1, Bldg # 1, 8900 Fox Drive, Thornton, CO 80206
Loc # 2, Bldg # 1, 8910 Fox Drive, Thornton, CO 80206
Loc # 3, Bldg # 1, 8920 Fox Drive, Thornton, CO 80206

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION

PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COVERAGE / PERILS / FORMS				
Loc # 1, Bldg # 1				
Building, Special, Agreed Amount - 6 Units - Co Ins Waived				\$1,558,000
Building, Windstorm				\$1,558,000
Business Income with Extra Expense and Rental Value ALS				\$21,600
Equipment Breakdown Broad - Included				72
Combined Building Ordinance or Law and Increased Cost of Construction - All Locations				10,000
Backup - Sewers and Drains - All Locations				\$300,000
Crime - Property Manager Included as an Additional Insured				\$100,000
SEE ATTACHED ACORD 101				\$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 with a "Demolition Endorsement" or it's equivalent, and if necessary, an "Increased Cost Construction Endorsement" or equivalent. Coverage is walls out. Inflation Guard does not apply. Values are reviewed annually.

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
	MORTGAGEE		
	LOAN #		
	AUTHORIZED REPRESENTATIVE <i>Tracy Warren</i>		



AGENCY CUSTOMER ID: BROOCON-01

TWARREN

LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY JJ Insurance		NAMED INSURED Brookside Condominium Association, Inc c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214	
POLICY NUMBER NHPRP0036004		EFFECTIVE DATE: 08/15/2025	
CARRIER Arch Specialty Insurance Company	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 27 FORM TITLE: EVIDENCE OF PROPERTY INSURANCE

Coverage Information:

Loc # 2, Bldg # 1

Building, Special , Agreed Amount, 12 Units Co-Ins Waived, Amount of Insurance: \$2,676,000, Deductible: 10,000

Building, Windstorm, Amount of Insurance: \$2,676,000, Deductible: 2.0000%

Business Income with Extra Expense and Rental Value, ALS, Amount of Insurance: \$43,200, Deductible: 72

Equipment Breakdown Broad Included, Deductible: 10,000

Loc # 3, Bldg # 1

Building, Special Agreed Amount, 6 Units Co-Ins Waived, Amount of Insurance: \$1,652,000, Deductible: 10,000

Building, Windstorm, Amount of Insurance: \$1,652,000, Deductible: 2.0000%

Business Income with Extra Expense and Rental Value, ALS, Amount of Insurance: \$21,600, Deductible: 72

Equipment Breakdown, Broad Included, Deductible: 10,000