

**Brentwood Manor Condo Homeowner 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: 7/18/25 - 7/18/26

Broker Information:

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

303.552.3758



BRENMAN-01

TWARREN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/25/2025

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 E-MAIL ADDRESS: tracy@jj-insurance.com FAX (A/C, No):														
INSURED Brentwood Manor Homeowners Association c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : EVANSTON INSURANCE COMPANY</td><td>35378</td></tr><tr><td>INSURER B : Pennsylvania Manufactures' Association Insurance</td><td></td></tr><tr><td>INSURER C : StarNet Insurance Company</td><td>40045</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : EVANSTON INSURANCE COMPANY	35378	INSURER B : Pennsylvania Manufactures' Association Insurance		INSURER C : StarNet Insurance Company	40045	INSURER D :		INSURER E :		INSURER F :	
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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			3AA917162	7/18/2025	7/18/2026	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>1,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>Included</td></tr><tr><td>HIRED AND NONOW</td><td>\$</td><td>1,000,000</td></tr></table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	MED EXP (Any one person)	\$	1,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	Included	HIRED AND NONOW	\$	1,000,000
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$		BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$										
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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	202501-10-99-07-6Y	7/18/2025	7/18/2026	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<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									
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C	Directors & Officers			QDO0008311-00	7/18/2025	7/18/2026	<table border="1"><tr><td>Per Claim/Aggregate</td><td>\$</td><td>1,000,000</td></tr></table>	Per Claim/Aggregate	\$	1,000,000																		
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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
P.O. 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)
7/25/2025

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 Princeton Excess & Surplus Lines Insurance Company	
FAX (A/C, No): (303) 733-5091		E-MAIL ADDRESS: tracy@jj-insurance.com		
CODE: AGENCY CUSTOMER ID #: BRENMAN-01		SUB CODE:		
INSURED Brentwood Manor Homeowners Association c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214		LOAN NUMBER		POLICY NUMBER 4WA3CM000190301
		EFFECTIVE DATE 7/18/2025	EXPIRATION DATE 7/18/2026	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
Loc # 1, Bldg # 1, 230,232,234 S. Brentwood Street, Denver, CO 80214

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 ☒ SPECIAL

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Loc # 1, Bldg # 1		
Building, Special, RC - 18 Units - Co-Insurance Waived	\$3,591,000	10,000
Building, Windstorm	\$3,591,000	5.0000%
Business Personal Property, Special (Including theft)	\$15,000	10,000
Business Income Incl Rental - Actual Loss Sustained	\$86,000	10,000
Equipment Breakdown, Broad Form - Included		10,000
Water and Sewer Backup	\$25,000	10,000
Crime- Property Manager Included as an additional insured.	\$50,000	500
Combined Demolition Cost and Increased Cost of Construction 10% of Building Sublimit Max \$500,000		10,000
Combined Demolition Cost and Increased Cost of Construction, Windstorm		5.0000%

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. 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.

SEE ATTACHED ACORD 101

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 P.O. Box 140396 Edgewater, CO 80214	<input type="checkbox"/>	ADDITIONAL INSURED	<input type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE
	<input type="checkbox"/>	MORTGAGEE				
	LOAN #					
	AUTHORIZED REPRESENTATIVE <i>Tracy Warren</i>					

AGENCY CUSTOMER ID: **BRENMAN-01****TWARREN**

LOC #:

ADDITIONAL REMARKS SCHEDULEPage **1** of **1**

AGENCY JJ Insurance		NAMED INSURED Brentwood Manor Homeowners Association c/o Realty One, Inc PO BOX 140396 Edgewater, CO 80214
POLICY NUMBER 4WA3CM000190301		
CARRIER Princeton Excess & Surplus Lines Insurance Company	NAIC CODE 10786	EFFECTIVE DATE: 07/18/2025

ADDITIONAL REMARKS

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

Special Conditions:
Proof of Insurance

Per terms, conditions, exclusions and governing documents.