

C1AWRAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2024

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).									
PROD	UCER			CONTACT NAME:						
	redPartners		PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No):							
4582 S. Ulster Street Suite 600 Denver, CO 80237						E-MAIL ADDRESS:				
						INSURER(S) AFFORDING COVERAGE				
				INSURER A: Evanston Insurance Company					35378	
INSU			INSURER B : Greenwich Insurance Company 22322					22322		
	Columbine Townhouses Fiv	tion	INSURER C : Pennsylvania Manufacturers' Association Insurance Company 12262							
	C/O Metro Property Manage 10800 E. Bethany Drive, Sui		INSURER D: Travelers Casualty And Surety Company 1					19038		
	Aurora, CO 80014		INSURER E: Great American Insurance Company					16691		
					INSURER F:					
CO	ZERAGES CER	NUMBER:	REVISION NUMBER:							
IN CE	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	ADDL SUBR				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
Α	X COMMERCIAL GENERAL LIABILITY						,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			6185550		11/1/2024	11/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrer	nce) \$	100,000
								MED EXP (Any one pers	<i>'</i>	1,000
								PERSONAL & ADV INJU	URY \$	1,000,000
1		1 1				1				

Α	X COMMERCIAL GENERAL LIABILITY			,	,	EACH OCCURRENCE	s 1,000,000
	CLAIMS-MADE X OCCUR		6185550	11/1/2024	11/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:					DEDUCTIBLE	\$ 500
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO		6185550	11/1/2024	11/1/2025	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$ 10,000,000
	EXCESS LIAB CLAIMS-MADE		PPP7482187	11/1/2024	11/1/2025	AGGREGATE	\$
	DED X RETENTION \$ 0						\$ 10,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		202401-08-28-61-6Y	11/1/2024	11/1/2025	E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Crime		107339798	11/1/2023	11/1/2026	Deductible \$4,000	400,000
E	Directors & Officers		EPP4061640	11/1/2024	11/1/2025	Deductible \$5,000	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION				
Informational Certificate	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				

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED Columbine Townhouses Five Association C/O Metro Property Management 10800 E. Bethany Drive, Suite 235 Aurora, CO 80014			
AssuredPartners					
POLICY NUMBER					
SEE PAGE 1		Aurora, 60 60014			
CARRIER	NAIC CODE				
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1			

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property Information

CARRIER: GENERAL STAR INDEMNITY COMPANY

POLICY #: 2883977

EFFECTIVE DATES: 11/01/2024 - 11/01/2025

LIMIT: \$25,306,771 DEDUCTIBLE: \$25,000

WIND & HAIL DEDUCTIBLE: 7.5% of TIV *Wind/Hail Deductible is Applied Per Unit

OF UNITS: 72 # OF BUILDINGS: 18

100% REPLACEMENT COST

SEVERABILITY OF INTEREST IS INCLUDED ORDINANCE AND LAW IS INCLUDED WATER DAMAGE DEDUCTIBLE: \$100,000

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM

EQUIPMENT BREAKDOWN COVERAGE IS INCLUDED

FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

****** PLEASE READ*****

ALL IN COVERAGE IS SUBJECT TO AND DEPENDENT ON THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. FOR DETAILS ON WHAT UNIT OWNERS INSURANCE RESPONSIBILITY IS VS THE ASSOCIATION PLEASE REFER ALL OF YOUR QUESTIONS TO THE COVENANTS AND BYLAWS FOR THE ASSOCIATION FOR THIS INFORMATION. DETAILS ARE NOT FOUND IN THE POLICIES. THIS DOCUMENT CAN BE OBTAINED FROM THE PROPERTY MANAGEMENT COMPANY** CANCELLATIONS: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. FOR DETAILS ON THESE PROVISIONS YOU AS THE LENDER, AGENT, UNIT OWNER OR INSURED WILL NEED TO OBTAIN AND REVIEW A COPY OF EACH POLICY. COPIES OF ALL POLICIES MUST BE OBTAINED FROM THE MANAGEMENT COMPANY. ASSURED PARTNERS CANNOT PROVIDE THESE DOCUMENTS TO ANYONE OTHER THAN THE NAMED INSURED.