



## CERTIFICATE OF LIABILITY INSURANCE

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	AssuredPartners 4582 S. Ulster Street Suite 600 Denver, CO 80237	CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Evanston Insurance Company	35378
INSURED	Columbine Townhouses Five Association C/O Metro Property Management 10800 E. Bethany Drive, Suite 235 Aurora, CO 80014	INSURER B : Greenwich Insurance Company	22322
		INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262
		INSURER D : Travelers Casualty And Surety Company	19038
		INSURER E : StarNet Insurance Company	40045
		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 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  <input type="checkbox"/>  <input type="checkbox"/>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC  OTHER:				6185550	11/1/2025	11/1/2026	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	\$ 2,000,000
								DEDUCTIBLE	\$ 500
A	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY  <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6185550	11/1/2025	11/1/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
								\$	\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB  <input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE			PPP7482187	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 10,000,000
								AGGREGATE	\$
								\$	\$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N / A		202501-08-28-61-6Y	11/1/2025	11/1/2026	PER STATUTE	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
D	Crime				107339798	11/1/2023	11/1/2026	Deductible \$4,000	400,000
E	Directors & Officers				QDO0013667-00	11/1/2025	11/1/2026	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.



## ADDITIONAL REMARKS SCHEDULE

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

## 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: Fidelis Underwriting Limited  
POLICY #: 294353  
EFFECTIVE DATES: 11/01/2025 - 11/01/2026  
LIMIT: \$25,240,200  
DEDUCTIBLE: \$25,000  
WIND & HAIL DEDUCTIBLE: 5% of TIV  
# OF UNITS: 72  
# OF BUILDINGS: 18  
100% REPLACEMENT COST  
SEVERABILITY OF INTEREST IS INCLUDED  
ORDINANCE AND LAW IS INCLUDED

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. ASSUREDPARTNERS CANNOT PROVIDE THESE DOCUMENTS TO ANYONE OTHER THAN THE NAMED INSURED.