



CERTIFICATE OF LIABILITY INSURANCE

3229802

DATE (MM/DD/YYYY)
11/03/2025

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 USI Insurance Services, LLC One South Nevada Avenue, Suite 230 Colorado Springs, CO 80903 (719) 228-1070	CONTACT NAME: EOI Direct PHONE (A/C. No. Ext): 877-456-3643 E-MAIL ADDRESS: help@eoidirect.com	FAX (A/C. No.):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Cincinnati Specialty Insurance Comp</td> <td>13037</td> </tr> <tr> <td>INSURER B: Greenwich Insurance Company</td> <td>22322</td> </tr> <tr> <td>INSURER C: Pennsylvania Manufacturer's Assoc.</td> <td>524210</td> </tr> <tr> <td>INSURER D: Continental Casualty Company</td> <td>20443</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: Cincinnati Specialty Insurance Comp	13037	INSURER B: Greenwich Insurance Company	22322	INSURER C: Pennsylvania Manufacturer's Assoc.	524210	INSURER D: Continental Casualty Company	20443	INSURER E:		INSURER F:
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INSURED Stone Canyon Condominium Association, Inc. c/o Metro Property Management 10800 E. Bethany Drive, Suite 235 Aurora, CO 80014															

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 checked="" type="checkbox"/> \$5,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSU0220331	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Hired/Non-Owned	\$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PPP7482032	11/1/2025	11/1/2026	EACH OCCURRENCE	\$ 15,000,000
							AGGREGATE	\$ 15,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			2025010943134Y	11/1/2025	11/1/2026	<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
D	Crime/Fidelity/Emp Dish			618983315	11/1/2025	11/1/2026	\$1,000,000	\$10,000 Deductible
B	Directors & Officers			PDO7482079	11/1/2025	11/1/2026	\$1,000,000	\$1,000 Retention

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

Master Certificate, XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX, CO 00000-0000

See Attached

CERTIFICATE HOLDER
 Master Certificate
 .
 XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX, CO 00000-0000
 Loan Number: N/A
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.

AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

AGENCY USI Insurance Services		NAMED INSURED Stone Canyon Condominium Association, Inc c/o Metro Property Management 10800 East Bethany Drive, Suite 235 Aurora, CO 80014	
POLICY NUMBER		EFFECTIVE DATE: 11/01/2025	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ **FORM TITLE:** _____

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured:
 clo Metro Property Management
 10800 East Bethany Drive, Suite 23
 Aurora, CO 80014

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers

COVERAGE: Property
 INSURER: Indian Harbor Insurance Company
 POLICY NUMBER US00158961PR25A
 POLICY DATES: 11/1/2025 to 11/1/2026
 Buildings Limit: Primary \$10,000,000

COVERAGE: Excess Property
 INSURER: Homeland Insurance Company of New York
 POLICY NUMBER: 795031290
 POLICY DATES: 11/1/2025 10 11/1/2026
 Buildings Limit: \$37,321,278 Excess of \$10,000,000

COVERAGE: Equipment Breakdown
 INSURER: National Fire Insurer Company of Hartford
 POLICY NUMBER: 8035416293
 POLICY DATES: 11/1/2025 to 11/1/2026
 Limit per Breakdown: \$47,321,278

Deductible: \$25,000
 Water Damage Deductible: \$50,000 per occurrence
 Wind/Hail Coverage is included. Wind/Hail Deductible: 5%
 # of Units: 282
 # of Buildings: 25
 100% Guaranteed Replacement Cost applies up to the scheduled limits
 No Coinsurance/Agreed Value
 Special causes of loss excluding earthquake and flood
 Subject to policy limits and exclusions
 Ordinance and Law is included

A - Undamaged Portion of Building is included in Building Limit
 B&C - Demolition Cost & Increased Cost of Construction Combined is 10% of Building Limit
 Inflation Guard is not included on policy since it contains a Guaranteed Replacement Cost valuation form with no dollar limit or percentage cap
 Waiver of Subrogation in favor of unit owners applies
 Locations must be shown on policy for coverage to apply
 This is the only complex covered under the policies listed on the certificate - policy does not cover multiple unaffiliated projects
 Severability of Liability (Separation of Insureds) is included
 If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee
 Cancellation - 10 days prior to cancellation date

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

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The governing documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses Covered by Policy (All addresses are Aurora, CO 80013)
 Street Address Building Limit Number of Units
 18388 E Eldorado Pl, Unrts A-L- \$1,931,039 -- 12 Units
 18151 E Flora Pl, Units A-L - \$1,931,03 -- 12 Units
 18152 E Flora Pl, Units A-L - \$1,931,03 -- 12 Units
 18241E Flora Pl, Units A-F -\$1,130,040 --6 Units
 18242 E Flora Pl, Units A-F -\$1,130,040 -- 6 Units
 18273 E Flora Pl, Units A-L-\$1,931,03 -- 12 Units
 18278 E Flora Pl, Units A-L-\$1,931,03 -- 12 Units



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18332 E Flora Dr, Units A-L - \$1,931,039 -- 12 Units
 18345 E Flora Dr, Units A-L - \$1,931,039 -- 12 Units
 18425 E Flora Dr, Units A-L - \$1,931,039 -- 12 Units
 18284 E Floyd Ave, Units A-L - \$1,931,039 -- 12 Units
 18287 E Floyd Ave, Units A-L - \$1,931,039 -- 12 Units
 18201 E Greenwood Dr, Units A-F - \$1,130,040 --6 Units
 3231 S Waco Ct, Units A-L - \$1,931,039 -- 12 Units
 3258 S Waco Ct, Units A-L - \$1,931,039 -- 12 Units
 3261 S Waco Ct, Units A-L - \$1,931,039 -- 12 Units
 3205 S Walden Ct, Units A-L- \$1,931,039-- 12 Units
 3216 S Walden Ct, Units A-L - \$1,931,039 -- 12 Units
 3235 S Walden Ct, Units A-L - \$1,931,039 -- 12 Units
 3246 S Walden Ct, Units A+- \$1,931,039 -12 Units
 3238 S Yampa Way, Units A-L - \$1,931,039 -- 12 Units
 3241 S Yampa Way, Units A-L - \$1,931,039 -- 12 Units
 3233 S Zeno Ct, Units A-L- \$1,931,039 -- 12 Units
 3242 S Zeno Ct, Units A-L - \$1,931,039 - 12 Units
 3258 S Zeno Ct, Units A-L - \$1,931,039 -- 12 Units
 Pool House -E Dartmouth Ave/S Yampa - \$250,000
 Total Buildings Limit: \$46,122,978
 Outdoor Property. \$290,000
 Business Personal Property: 17,500