



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/29/2018

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 Parker-Douglas Insurance, Inc. 400 S Colorado Blvd Ste 390 Denver CO 80246		CONTACT NAME: Gina Corsaro PHONE (A/C, No, Ext): (303) 471-5646 FAX (A/C, No): (303) 346-6195 E-MAIL ADDRESS: gina.corsaro@parker-douglas.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: AmGUARD Insurance Company	NAIC # 42390
		INSURER B: Liberty Insurance Underwriters, Inc.	19917
		INSURER C: Travelers Casualty & Surety Company of America	31194
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Creekside Townhomes Owners Association Inc C/O Western States Property Services 9145 E Kenyon Ave #101 Denver CO 80237			

COVERAGES **CERTIFICATE NUMBER:** 18/19 Liability **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			CRBP959631	04/01/2018	04/01/2019	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000	
A	AUTOMOBILE LIABILITY			CRBP959631	04/01/2018	04/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			G30293927-002	04/01/2018	04/01/2019	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	DED	RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			106708199	04/01/2018	04/01/2019	PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
	Directors and Officers						E.L. DISEASE - POLICY LIMIT	\$	

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

Associations Master Insurance Policy Certificate
 Unit Owner(s):
 Location:
 Loan Number:

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES ONLY

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



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
10/29/2018

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If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Parker-Douglas Insurance, Inc. 400 S Colorado Blvd Ste 390 Denver CO 80246	CONTACT NAME: Gina Corsaro PHONE (A/C, No, Ext): (303) 471-5646 FAX (A/C, No): (303) 346-6195 E-MAIL ADDRESS: gina.corsaro@parker-douglas.com PRODUCER CUSTOMER ID: 00003603														
INSURED Creekside Townhomes Owners Association Inc C/O Western States Property Services 9145 E Kenyon Ave #101 Denver CO 80237	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: AmGUARD Insurance Company</td> <td style="text-align: center;">42390</td> </tr> <tr> <td>INSURER B: Travelers Casualty & Surety Company of</td> <td style="text-align: center;">31194</td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AmGUARD Insurance Company	42390	INSURER B: Travelers Casualty & Surety Company of	31194	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES **CERTIFICATE NUMBER:** 18/19 Property **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY	DEDUCTIBLES					
A	<input type="checkbox"/>	BASIC	CRBP959631 - Replacement Cost - 22 Bldgs 104 Units - Incl 130% Margin Clause	4/1/2018	4/1/2019	BUILDING	\$
	<input type="checkbox"/>	BROAD				PERSONAL PROPERTY	\$
	<input checked="" type="checkbox"/>	SPECIAL				BUSINESS INCOME	\$
	<input type="checkbox"/>	EARTHQUAKE				EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	WIND				RENTAL VALUE	\$
	<input type="checkbox"/>	FLOOD				<input checked="" type="checkbox"/> BLANKET BUILDING	\$ 25,499,690
	<input checked="" type="checkbox"/>	HAIL				BLANKET PERS PROP	\$
						BLANKET BLDG & PP	\$
		<input checked="" type="checkbox"/> Ord or Law Cov A	\$ 25,499,690				
		<input checked="" type="checkbox"/> Ord or Law Cov B & C	\$ 25,000				
	INLAND MARINE	TYPE OF POLICY					\$
	CAUSES OF LOSS						\$
	NAMED PERILS	POLICY NUMBER					\$
B	<input checked="" type="checkbox"/>	CRIME	106708199	4/1/2018	4/1/2019		\$ 1,200,000
		TYPE OF POLICY					\$
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	CRBP959631	4/1/2018	4/1/2019		\$ Included
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Associations Master Insurance Policy Certificate

Unit Owner(s):

Location:

Loan Number:

CERTIFICATE HOLDER <p style="text-align: center;">FOR INFORMATIONAL PURPOSES ONLY</p>	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 Chris O'Brien/GC
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