



CERTIFICATE OF LIABILITY INSURANCE

| |
|---------------------------------|
| DATE (MM/DD/YYYY) 03/31/2020 |
|---------------------------------|

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 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Gina Corsaro</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (303) 471-5646</td> <td>FAX (A/C, No): (303) 346-6195</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: gina.corsaro@parker-douglas.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Middle Oak (formerly Middlesex Mutual)</td> <td></td> </tr> <tr> <td>INSURER B: Liberty Insurance Underwriters, Inc.</td> <td style="text-align: center;">19917</td> </tr> <tr> <td>INSURER C: Travelers Casualty & Surety Company of America</td> <td style="text-align: center;">31194</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> | 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 | NAIC # | INSURER A: Middle Oak (formerly Middlesex Mutual) | | INSURER B: Liberty Insurance Underwriters, Inc. | 19917 | INSURER C: Travelers Casualty & Surety Company of America | 31194 | INSURER D: | | INSURER E: | | INSURER F: | |
|--|--|----------------------------|--|--------------------------------------|-------------------------------|---|--|-------------------------------|--------|---|--|---|-------|---|-------|------------|--|------------|--|------------|--|
| 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 | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: Middle Oak (formerly Middlesex Mutual) | | | | | | | | | | | | | | | | | | | | | |
| 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 Owner's Association 9145 E Kenyon Ave 9145 E Kenyon Ave #101 Denver CO 80237-1810 | | | | | | | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 20/21 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 <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 OTHER: | | | WA0200224999 | 04/01/2020 | 04/01/2021 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 300,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ Included</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ Included</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | EACH OCCURRENCE | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | MED EXP (Any one person) | \$ 5,000 | PERSONAL & ADV INJURY | \$ Included | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ Included | | \$ |
| | EACH OCCURRENCE | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | | | | | | | | | | | | | | | | | | | |
| | MED EXP (Any one person) | \$ 5,000 | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ Included | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ 2,000,000 | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COMP/OP AGG | \$ Included | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | |
| AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | WA0200224999 | 04/01/2020 | 04/01/2021 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | BODILY INJURY (Per person) | \$ | BODILY INJURY (Per accident) | \$ | PROPERTY DAMAGE (Per accident) | \$ | | \$ | | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | MCREA-13139-01 | 04/01/2020 | 04/01/2021 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table> | EACH OCCURRENCE | \$ 5,000,000 | AGGREGATE | \$ 5,000,000 | | \$ | | | | | | | | | |
| EACH OCCURRENCE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ 5,000,000 | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PER STATUTE</td> <td>OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align: right;">\$</td></tr> </table> | PER STATUTE | OTHER | | E.L. EACH ACCIDENT | | \$ | E.L. DISEASE - EA EMPLOYEE | | \$ | E.L. DISEASE - POLICY LIMIT | | \$ | | | |
| PER STATUTE | OTHER | | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | \$ | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | | \$ | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | | \$ | | | | | | | | | | | | | | | | | | | |
| C | Directors and Officers | | | 106708199 | 04/01/2020 | 04/01/2021 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Limit of Liability</td> <td style="text-align: right;">1,000,000</td> </tr> </table> | Limit of Liability | 1,000,000 | | | | | | | | | | | | |
| Limit of Liability | 1,000,000 | | | | | | | | | | | | | | | | | | | | |

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 FOR INFORMATIONAL PURPOSES ONLY | 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 |
|--|--|