



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2022

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 State Farm Randy Bales State Farm 6452 S Quebec Street Centennial, CO 80111	CONTACT NAME: Randy Bales PHONE (A/C, No, Ext): 303-985-3276 E-MAIL ADDRESS: randy.bales.twuk@statefarm.com FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED CREEKSIDE TOWNHOMES OWNERS ASSOCIATIONS, INC 19410 E MANN CREEK DR PARKER, CO 801344900	

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/SUBR INSD/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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Fidelity GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	A	96EGD3238	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Fidelity \$ 500,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	A	96EGD3238	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	A	96EGD3303	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				Employee Dishonesty \$100,000 Director & Officer \$1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	A	96EGD3238	04/01/2022	04/01/2023	Employee Dishonesty \$100,000 Director & Officer \$1,000,000

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

Building Locations: Covered at GUARANTEED REPLACEMENT COST Units: 104

19410 E Mann Creek Dr	19412 E Mann Creek Dr	19414 E Mann Creek Dr	19416 E Mann Creek Dr	19418 E Mann Creek Dr
19420 E Mann Creek Dr	19437 E Mann Creek Dr	19663 E Mann Creek Dr	19661 E Mann Creek Dr	19665 E Mann Creek Dr
19669 E Mann Creek Dr	19698 E Mann Creek Dr	19667 E Mann Creek Dr	19440 E Mann Creek Dr	19435 E Mann Creek Dr
19439 E Mann Creek Dr	19551 E Mann Creek Dr	19553 E Mann Creek Dr	19693 E Mann Creek Dr	19694 E Mann Creek Dr
19690 E Mann Creek Dr	19692 E Mann Creek Dr			

CERTIFICATE HOLDER**CANCELLATION**

Western State Property Services, Inc.
 9145 E Kenyon Ave #100
 Denver, CO 80237

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

R. BALES

08-2014

FIRE 06

CO-DENVER NW 20-FB05

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ADDITIONAL REMARKS SCHEDULE

AGENCY Randy Bales State Farm		NAMED INSURED CREEKSIDE TOWNHOMES OWNERS ASSOCIATIONS, INC 19410 E MANN CREEK DR PARKER, CO 801344900	
POLICY NUMBER 96EGD3238 & 96EGD3303		EFFECTIVE DATE: 08/23/2021	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 101 **FORM TITLE:** Building Locations: Covered at GUARANTEED REPLACEMENT COST

All Peril Deductible= \$25,000
 Wind/Hail Deductible= \$25,000

- Back Up of Sewer/Drain= Included
- Building Limit= Guaranteed Replacement Cost
- Business Property=
- Director & Officers= Included
- Employee dishonesty= Included
- Equipment Breakdown= Included
- Loss of Income & Extra Expense= 12 Months
- Ordinance & Law= Included
- Waiver of Subrogation= Included

Inflation Guard is included on policy. Limits are reviewed annually to ensure adequate building coverage on the project.
 This coverage applies only to the named insured shown on the certificate and does not apply to any other property, business or association.
 This is a Walls Out Only policy.

- BUILDINGS= 22 UNITS= 104
 Guaranteed Replacement Cost
 Location Addresses covered by Policy (All addresses are Parker, CO 80134)
- 19410 E Mann Creek Dr
 - 19412 E Mann Creek Dr
 - 19414 E Mann Creek Dr
 - 19416 E Mann Creek Dr
 - 19418 E Mann Creek Dr
 - 19420 E Mann Creek Dr
 - 19435 E Mann Creek Dr
 - 19437 E Mann Creek Dr
 - 19439 E Mann Creek Dr
 - 19440 E Mann Creek Dr
 - 19551 E Mann Creek Dr
 - 19553 E Mann Creek Dr
 - 19661 E Mann Creek Dr
 - 19663 E Mann Creek Dr
 - 19665 E Mann Creek Dr
 - 19667 E Mann Creek Dr
 - 19669 E Mann Creek Dr
 - 19690 E Mann Creek Dr
 - 19692 E Mann Creek Dr
 - 19693 E Mann Creek Dr
 - 19694 E Mann Creek Dr
 - 19698 E Mann Creek Dr

*****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.