



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/09/2025

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 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).

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| PRODUCER Ella Washington Group LLC 923 E Prospect Rd Fort Collins, CO 80525 | CONTACT NAME: Ella Washington Group LLC |
| | PHONE: (970) 484-2881 FAX: (970) 232-2880 |
| | E-MAIL ADDRESS: generalmailbox@washingtoninsurance.group |
| | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Ategrity Specialty Insurance Company |
| | INSURER B: Travelers Casualty & Surety Company |
| | INSURER C: StarStone National Insurance Company |
| | INSURER D: Multiple |
| | INSURER E: |
| | INSURER F: |

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| COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER: |
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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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------------|-------------------------|-------------------------|--|
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$ |
| 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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | 01-C-PK-P20158193-0 | 11/15/2025 | 11/15/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | ESC00854051P-00 | 11/15/2025 | 11/15/2026 | 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 / <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Directors & Officers | | | 108391572 | 11/15/2025 | 11/15/2026 | Limit - \$1,000,000 Deductible - \$2,500 |

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

Insurer B- Crime, Limit \$1,000,000, Policy 108391572, Effective 11/15/2025 - 11/15/2026, Deductible- \$10,000 (Property Management Company included in coverage)

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| CERTIFICATE HOLDER | CANCELLATION |
| Castlewood Ranch Paired Owners Association Inc c/o Peak to Peak Management PO Box 745219 Arvada, CO 80006 | 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 Ella Washington |

**REMARKS**

(D) Commercial Property:

Effective 11/15/2025 to 11/15/2026

Primary Layer: Certain Underwriters at Lloyd's London - LYD0002073-00; Fortegra Specialty Ins Co - FCCP1003919-00; Gotham Ins Co - PR2025CCP03400; Indian Harbor Ins Co - CCI0002072-00; Lancashire Ins Co (UK) Ltd - LAN0002194-00; Palms Ins Co, Ltd - NPFPEPAB03321-1125; QBE Specialty Ins Co - QCC0002195-00; Summit Specialty Ins Co - SESP0060004334-00; Trisura Specialty Ins Co - TCC0002194-00

Building Limit -- \$10,000,000

Business Personal Property -- N/A

Scheduled Structures -- N/A

Buildings - 109 Units - 218

Replacement Cost

Special Form

Ordinance or Law applies for Coverage for Loss to the Undamaged Portion of the Building, Demolition Cost Coverage and Increased Cost of Construction Coverage

Separation Of Insureds, applies

Deductible Amount: \$25,000 per occurrence

Separate Wind Hail Deductible: 5% per location (subject to minimum \$100,000 per occurrence)

Wildfire: \$250,000

Water: \$50,000

2nd Layer:

Effective 11/15/2025 to 11/15/2026

\$63,982,800 Excess of \$10,000,000

Convex Insurance UK Ltd - CVX240657-01; Obsidian Specialty Ins Co - PAC-PR00000945-01; Point Excess & Surplus Ins Co - SEN0004795-00; Scottsdale Ins Co - BXS0007091

Total Building Limit -- \$73,982,800