



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2025

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).

PRODUCER Ella Washington Group LLC 923 E Prospect Rd Fort Collins, CO 80525		CONTACT NAME: <b>Ella Washington Group LLC</b>	
		PHONE: (303) 530-3444	FAX (A/C. No.): (970) 232-2880
		E-MAIL ADDRESS: <a href="mailto:generalmailbox@washingtoninsurance.group">generalmailbox@washingtoninsurance.group</a>	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: <b>Nautilus Insurance Company</b>	
		INSURER B: <b>Pennsylvania Manufacturers Assn Ins</b>	
		INSURER C: <b>Travelers Casualty &amp; Surety Company</b>	
		INSURER D: <b>Multiple</b>	
		INSURER E:	
		INSURER F:	
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 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>						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"/> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> <input type="checkbox"/>  GEN'LAGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER _____			NN1909781	10/20/2025	10/20/2026	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							
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$	
	AGGREGATE \$							
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A		2025011536903Y	05/16/2025	05/16/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT \$						1,000,000	
	E.L. DISEASE - EA EMPLOYEE \$						1,000,000	
	E.L. DISEASE - POLICY LIMIT \$						1,000,000	
C	Directors & Officers			108366161	10/20/2025	10/20/2026	Limit Deductible	- \$1,000,000 - \$1,000

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

(C) Crime, 108366161, 10/20/2025 to 10/20/2026, \$100,000, deductible - \$1,000

(Property Management Company included in coverage)

CERTIFICATE HOLDER	CANCELLATION
Park Meadows Village Homeowners 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) Building:**

Policy Number: Multiple, Effective: 10/20/2025 to 10/20/2026

Building Limit -- \$20,054,750

Building Limit includes: Pool House; Pool; Business Personal Property

Buildings - 9 Units - 31

Special Form

Replacement Cost

Equipment Breakdown included

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

Separation Of Insureds, applies

Deductible Amount:

Businessowners Property coverage - \$10,000 per location, per occurrence

Separate Wind/Hail Deductible applies - 5% per building (subject to \$25,000 minimum per occurrence)

Multiple Carriers/Policy Numbers:

Fortegra Sepcialty Insurance Company - CFS0003621-00

Emerald Bay Specialty Insurance Company - CES0003621-00

Certain Underwriters at Lloyd's London - CLS0003621-00