

C1AWRAY

CERTIFICATE OF LIABILITY INSURANCE

ACORD'

DATE (MM/DD/YYYY) 11/14/2022

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).

tl	nis c	ertificate do	es no	t co	onfer rights to	o the	certi	ficate holder in lieu of su								
PRODUCER AssuredPartners 4582 S. Ulster Street Suite 600										CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No):						
Der	ver,	CO 80237							E-MAIL ADDRE	SS:						
											URER(S) AFFOI					NAIC#
									INSURER A : American Property Insurance Company							1000
Castlewood Ranch Paired Owners Association, Inc.										INSURER B : Pennsylvania Manufacturers' Association Insurance Company						
					rty Managem			sociation, inc.	INSURER C : Continental Casualty Company							20443
					n St., Suite #3	00			INSURER D:							
		Denvei	, co	802	210				INSURER E:							
									INSURER F:							
		RAGES	TV TI	14.		RTIFICATE NUMBER:				REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE F						
IN C E	IDICA ERTI XCLU	ATED. NOTV IFICATE MAY	VITHS BE I	ATS JSS	NDING ANY R UED OR MAY	EQUI PER POLI	REME TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER ES DESCRIB PAID CLAIMS	R DOCUM	MENT WI	TH RESPE	CT TO	WHICH THIS
INSR		TYPE C	F INSU	JRAN	NCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMIT	s	4
Α	X	COMMERCIAL										EACH OCCURRENCE \$			\$	1,000,000
	CLAIMS-MADE X OCCUR							CPP-23087-I21-MCG		11/15/2022	11/15/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$	100,000	
												MED EXP (Any one person)		\$	5,000 Included	
												PERSONAL & ADV INJURY \$			\$	2,000,000
		N'L AGGREGATE		APP								GENERAL AGGREGATE \$		\$	2,000,000	
	X	POLICY	PRO- JECT	L	LOC							PRODUC	CTS - COM	P/OP AGG	\$	
Α	OTHER:											COMBIN	ED SINGLI	E LIMIT	\$	1,000,000
^	ACTOMOBILE EIABILITY							CPP-23087-I21-MCG		44/45/0000	44/45/2022	(Ea accident) \$		–	1,000,000	
	ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY				CHEDULED			CPP-23007-121-WCG		11/15/2022	11/15/2023	BOBIET INVOICE (FOI POISON)		\$		
												BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			\$	
_	_	<u> </u>										ļ.,			\$	5,000,000
Α	X	—					CPP-23087-I21-MCG			11/15/2022	11/15/2023	EACH OCCURRENCE \$			\$	5,000,000
		DED X RETENTION \$ 10,000						GFF-23007-121-WGG		11/13/2022	11/15/2025	AGGREGATE S		\$	5,000,000	
В	WOE				\$ 10,000							PE	R	OTH-	\$	3,000,000
Ъ	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							2021010990044Y		11/15/2022	11/15/2023		R ATUTE	OTH- ER		1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under									11,10,2022			H ACCIDE		\$	1,000,000
												E.L. DISEASE - EA EMPLOYEE			\$	1,000,000
С	DÉSCRIPTION OF OPERATIONS below C Directors & Officers				5 Delow			618782658		11/15/2022	15/2022 11/15/2023		E.L. DISEASE - POLICY LIMIT \$ Deductible \$1,000			1,000,000
С								618782658		11/15/2022		Deductible \$1,500				350,000
DES	CRIPT	TION OF OPERA	TIONS /	LOC	CATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)				
CE	RTIF	ICATE HOL	DER						CANO	ELLATION						
Informational Certificate								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

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED						
AssuredPartners		Castlewood Ranch Paired Owners Association, Inc. c/o LCM Property Management, Inc. 1776 S Jackson St., Suite #300 Denver. CO 80210						
POLICY NUMBER								
SEE PAGE 1		Deliver, CO 60210						
CARRIER	NAIC CODE							
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1						

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property coverage provided by the same policy as the General Liability coverage

LIMIT: \$54,520,550 DEDUCTIBLE: \$10,000

WIND & HAIL DEDUCTIBLE: 5% of bldg value

OF UNITS: 218 # OF BUILDINGS: 109

GUARANTEED REPLACEMENT COST SEVERABILITY OF INTEREST IS INCLUDED ORDINANCE AND LAW IS INCLUDED NO COINSURANCE / AGREED VALUE

SPECIAL FORM

NO INFLATION GUARD - Building limits reviewed annually

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION

OR POOLED PROGRAM

WAIVER OF SUBROGATION APPLIES

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, **VOLUNTEERS AND BOARD MEMBERS**

****** PLEASE READ*****

Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.