

CERTIFICATE OF LIABILITY INSURANCE

1/7/2016

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		CONTACT NAME:				
	rtners of Colorado, LLC ter Street #1400	PHONE (A/C, No, Ext): (303) 771-1800 FAX (A/C, No): (303) 290-0884			
Denver, CO 80237		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A : Scottsdale				
INSURED		INSURER B : Great American Insurance Co				
C/O 8137	Second Jefferson Green Homeowners Association	INSURER C: Pinnacol Assurance	41190			
	C/O IPM Residential, LLC 8137 Zang St. Arvada, CO 80005	INSURER D: Travelers	25658			
		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 INSD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY			· · · · · · · · · · · · · · · · · · ·	(,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR		CPS2361064	12/15/2015	12/15/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	Included
		OTHER:						\$	
	AUT	OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α		ANY AUTO		CPS2361064	12/15/2015	12/15/2016	BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	Х	UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,000
В		EXCESS LIAB CLAIMS-MADE		UM3842794-UM30054138	12/15/2015	12/15/2016	AGGREGATE	\$	
		DED X RETENTION\$					Aggregate	\$	10,000,000
		KERS COMPENSATION EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
С	ANY	PROPRIETOR/PARTNER/EXECUTIVE T/N	N/A	4107787	08/01/2015	08/01/2016	E.L. EACH ACCIDENT	\$	100,000
	(Man	CER/MEMBER EXCLUDED? Idatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	100,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000	
В	B Directors & Officers			EPP3800727-10	12/15/2015	12/15/2016	\$1,000 Ded		1,000,000
D	D Crime Coverage			105852196	12/15/2015	12/15/2018	Ded. \$4,000		400,000

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

Unit Owner: Katie Scott

CERTIFICATE HOLDER

Property Address: 3355 S. Flower Street, Unit 103, Lakewood, CO 80227

Loan # 197909967

Cherry Creek Mortgage Co, Inc ISAOA/ATIMA 7600 E. Orchard Road Ste. 250N Greenwood Village, CO 80111	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Greenwood Village, CO 00111	AUTHORIZED REPRESENTATIVE	
	Gennifer Matheson	

CANCELLATION

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners of Colorado, LLC		NAMED INSURED Second Jefferson Green Homeowners Association C/O IPM Residential. LLC		
POLICY NUMBER SEE PAGE 1		8137 Zang St. Arvada, CO 80005		
CARRIER	NAIC CODE			
EE 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

Remarks:

Property & Additional Information CARRIER: United Specialty EFFECTIVE: 12/15/15-16 POLICY #: MP1026949 LIMIT: \$29,114,480 DEDUCTIBLE: \$5,000

WIND & HAIL DEDUCTIBLE: 2% of buildings value

OF UNITS: 168 # OF BUILDINGS: 42

100% REPLACEMENT COST UP TO THE LIMIT ABOVE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED

NO COINSURANCE SPECIAL FORM NO INFLATION GUARD

EQUIPMENT BREAKDOWN COVERAGE

CARRIER: Travelers EFFECTIVE: 12/15/15-16 LIMIT: \$1,000,000 DEDUCTIBLE: \$5,000

FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY

PLEASE READ: ALL IN COVERAGE IS SUBJECT TO AND DEPENDENT ON THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. FOR DETAILS ON WHAT UNIT OWNERS INSURANCE RESPONSIBILITY IS VS THE ASSOCIATION PLEASE REFER ALL OF YOUR QUESTIONS TO THE COVENANTS AND BYLAWS FOR THE ASSOCIATION FOR THIS INFORMATION. DETAILS ARE NOT FOUND IN THE POLICIES. THIS DOCUMENT CAN BE OBTAINED FROM THE PROPERTY MANAGEMENT COMPANY

ACORD 101 (2008/01)