

CERTIFICATE OF LIABILITY INSURANCE

VPERRENOUD

PARKCEN-01

DATE (MM/DD/YYYY) 01/27/2017

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).

	nis certificate does not confer rights to							require an end	lorsemen	i. A 3	tatement on	
PRO	DUCER				CONTAC NAME:	т						
AssuredPartners of Colorado, LLC 4600 S. Ulster Street #1400 Denver, CO 80237						PHONE (A/C, No, Ext): (303) 771-1800 FAX (A/C, No): (303) 290-0884						
						E-MAIL ADDRESS:						
				URER(S) AFFOR	RDING COVERAGE			NAIC#				
		INSURER A : Granite State Insurance										
INSU	JRED	INSURER B: Great American Insurance Co										
Park Central Condominiums Homeowners Association					INSURER C: Travelers						25658	
	C/O Capitol Hill HOA Manage 400 S Colorado Blvd Suite 36		INSURE	INSURER D:								
	Glendale, CO 80246				INSURER E :							
					INSURER F:							
CO	VERAGES CER	CATE	NUMBER:	REVISION NUMBER:								
IN C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WI	TH RESPE	CT TO	WHICH THIS	
EXCLUSIONS AND CONDITIONS OF SUCH INSR TYPE OF INSURANCE			SUBR WVD			POLICY EFF	LIMITS					
LTR A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1,000,000	
	CLAIMS-MADE X OCCUR			047067850-02		01/11/2017	01/11/2018	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		\$	50,000	
								MED EXP (Any one		\$	5,000	
								PERSONAL & ADV	INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		\$	2,000,000	
	X POLICY PROJECT LOC OTHER:							PRODUCTS - COM	P/OP AGG	\$ \$	1,000,000	
Α	_							COMBINED SINGLE LIMIT (Ea accident)		\$	1,000,000	
	ANY AUTO			047067850-02	01/·	01/11/2017	01/11/2018	BODILY INJURY (Per person) \$		\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE	EXCESS LIAB CLAIMS-MADE						AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under							E.L. DISEASE - EA	EMPLOYEE	\$		
_	DÉSCRIPTION OF OPERATIONS below			EDD4407454_07		04/44/2047	04/44/2049	E.L. DISEASE - POLICY LIMIT \$			4 000 000	
_	B Directors & Officers			EPP1497151-07 105732442			01/11/2018				1,000,000	
C	C Crime Coverage			105732442		01/15/2015	01/15/2016	5 500 Dea			25,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ACORE	 0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	red)				
CE	RTIFICATE HOLDER	CANCELLATION										
Information Only						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 AssuredPartners of Colorado, LLC		NAMED INSURED Park Central Condominiums Homeowners Association, Inc. C/O Capitol Hill HOA Management 400 S Colorado Blvd Suite 360				
POLICY NUMBER						
SEE PAGE 1		Glendale, CO 80246				
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 Information

Property Carrier: Granite States

Property Policy Number: 047067850-02

Property Limits: \$1,567,440 Property Deductible: \$1,000

Property Wind Hail Deductible: \$10,000 Water Damage Deductible: \$2,500

Includes Equipment Breakdown and Building Ordinance

Replacement Cost / Special Form / Agreed Value

1 Building / 12 Units

All in coverage dependent the legal documents of the association. Please reference the CC&R's

The Crime/Fidelity coverage includes the Property Manager, Non Compensated Officers and Volunteers.