



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/30/2017

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).

<b>PRODUCER</b> AssuredPartners Colorado 4600 S. Ulster Street #1400 Denver, CO 80237	CONTACT NAME: PHONE (A/C, No, Ext): <b>(303) 863-7788</b> FAX (A/C, No): <b>(303) 290-0884</b> E-MAIL ADDRESS: <div style="text-align: center;">INSURER(S) AFFORDING COVERAGE</div> NAIC #  INSURER A : <b>Philadelphia Insurance Co</b> INSURER B : <b>Great American Insurance Co</b> INSURER C : <b>Travelers</b> <span style="float: right;"><b>25658</b></span> INSURER D : 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PHPK1475966	04/01/2017	04/01/2018	EACH OCCURRENCE \$ <b>1,000,000</b>				
								DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>			
							MED EXP (Any one person) \$ <b>5,000</b>				
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
							GENERAL AGGREGATE \$ <b>2,000,000</b>				
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>				
							\$				
<b>A</b>	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1475966	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>				
								BODILY INJURY (Per person) \$			
								BODILY INJURY (Per accident) \$			
								PROPERTY DAMAGE (Per accident) \$			
							\$				
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>0</b>			UM3842794-UM30064048	04/01/2017	04/01/2018	EACH OCCURRENCE \$ <b>10,000,000</b>				
								AGGREGATE \$			
								<b>aggregate</b> \$ <b>10,000,000</b>			
							PER STATUTE				
							OTHER				
							E.L. EACH ACCIDENT \$				
							E.L. DISEASE - EA EMPLOYEE \$				
							E.L. DISEASE - POLICY LIMIT \$				
<b>C</b>	<b>Crime Coverage</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			106082716	04/01/2017	04/01/2020	Deductible 1,000				
<b>B</b>	<b>Directors &amp; Officers</b>			EPP4062246-04	04/01/2017	04/01/2018	Deductible 5,000				
							<b>125,000</b>				
							<b>1,000,000</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate of Insurance - Ogden Gardens Homeowners' Association, Inc.

<b>CERTIFICATE HOLDER</b>  Informational Certificate	<b>CANCELLATION</b>  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 	



## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>AssuredPartners Colorado</b>		NAMED INSURED <b>Ogden Gardens Homeowners' Association, Inc. C/O Capital Hill HOA Management 400 S. Colorado Blvd., Ste. 360 Denver, CO 80246</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

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

## Property Information

CARRIER: Philadelphia Insurance Company  
EFFECTIVE: 4/1/17-18  
POLICY #: PHPK1475966  
LIMIT: \$4,302,200  
DEDUCTIBLE: \$5,000  
WIND & HAIL DEDUCTIBLE: 10% of buildings value  
# OF UNITS: 27  
# OF BUILDINGS: 1  
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 INCLUDED PER THE ABOVE

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

## \*\*\*\*\* 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\*\*

CANCELLATIONS: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. FOR DETAILS ON THESE PROVISIONS YOU AS THE LENDER, AGENT, UNIT OWNER OR INSURED WILL NEED TO OBTAIN AND REVIEW A COPY OF EACH POLICY.