



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/22/2017

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).

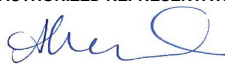
|   |   |                                      |
|---|---|--------------------------------------|
| <b>PRODUCER</b><br>AssuredPartners Colorado<br>4582 S. Ulster St., Suite #600<br>Denver, CO 80237   | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>(303) 863-7788</b> | FAX (A/C, No): <b>(303) 290-0884</b> |
|   | <b>E-MAIL ADDRESS:</b>  |                                      |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   | <b>NAIC #</b>                        |
| <b>INSURED</b><br>The Paragon Condominium Association<br>C/o Capitol Hill HOA Management<br>400 S. Colorado Blvd.<br>Ste. 360<br>Denver, CO 80246 | <b>INSURER A : Holyoke Mutual Ins Co of Salem</b>                   |                                      |
|   | <b>INSURER B : Travelers</b>  |                                      |
|   | <b>INSURER C : Great American Insurance Co</b>                      |                                      |
|   | <b>INSURER D :</b>  |                                      |
|   | <b>INSURER E :</b>  |                                      |
| <b>INSURER F :</b>  |   | <b>25658</b>                         |

**COVERAGES** **CERTIFICATE NUMBER: 1** **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> | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | <b>WA0009113874-06</b> | <b>12/31/2017</b>       | <b>12/31/2018</b>       | EACH OCCURRENCE                           | \$ <b>1,000,000</b> |
|          |  |           |          |                        |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ <b>300,000</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> | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                          |           |          | <b>WA0009113874-06</b> | <b>12/31/2017</b>       | <b>12/31/2018</b>       | COMBINED SINGLE LIMIT (Ea accident)       | \$ <b>1,000,000</b> |
|          |  |           |          |                        |                         |                         | BODILY INJURY (Per person)                | \$                  |
|          |  |           |          |                        |                         |                         | BODILY INJURY (Per accident)              | \$                  |
|          |  |           |          |                        |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                  |
|          |  |           |          |                        |                         |                         |   | \$                  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |           |          |                        |                         |                         | EACH OCCURRENCE                           | \$                  |
|          |  |           |          |                        |                         |                         | AGGREGATE                                 | \$                  |
|          |  |           |          |                        |                         |                         |   | \$                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                        |                         |                         | PER STATUTE                               | OTH-ER              |
|          |  |           |          |                        |                         |                         | E.L. EACH ACCIDENT                        | \$                  |
|          |  |           |          |                        |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$                  |
|          |  |           |          |                        |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$                  |
| <b>B</b> | <b>Crime Coverage</b>  |           |          | <b>105727504</b>       | <b>12/31/2017</b>       | <b>12/31/2020</b>       | <b>Ded \$250</b>                          | <b>25,000</b>       |
| <b>C</b> | <b>Directors &amp; Officers</b>  |           |          | <b>EPP7522438-11</b>   | <b>12/31/2017</b>       | <b>12/31/2018</b>       | <b>\$1,000 Ded</b>                        | <b>1,000,000</b>    |

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

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br><b>INFORMATIONAL PURPOSES ONLY</b> | <b>CANCELLATION</b><br><br>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<br>   |



## ADDITIONAL REMARKS SCHEDULE

|   |                             |   |  |
|---|-----------------------------|---|--|
| AGENCY<br><b>AssuredPartners Colorado</b> |                             | NAMED INSURED<br><b>The Paragon Condominium Association<br/>C/o Capitol Hill HOA Management<br/>400 S. Colorado Blvd.<br/>Ste. 360<br/>Denver, CO 80246</b> |  |
| POLICY NUMBER<br><b>SEE PAGE 1</b>        |                             | EFFECTIVE DATE: <b>SEE PAGE 1</b>   |  |
| CARRIER<br><b>SEE PAGE 1</b>              | NAIC CODE<br><b>SEE P 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 &amp; Additional Information

CARRIER: Country Mutual Insurance Company

EFFECTIVE: 12/31/17-18

POLICY #: WA0009113874-06

LIMIT: \$2,422,502

DEDUCTIBLE: \$1,000

WIND &amp; HAIL DEDUCTIBLE: 2% of buildings value

# OF UNITS: 12

# OF BUILDINGS: 2

100% REPLACEMENT COST UP TO THE LIMIT ABOVE

ACTUAL CASH VALUE APPLIES TO WIND/HAIL COVERAGE

SEVERABILITY OF INTEREST IS INCLUDED

ORDINANCE AND LAW IS INCLUDED

NO COINSURANCE

SPECIAL FORM

3% INFLATION GUARD

EQUIPMENT BREAKDOWN COVERAGE IS INCLUDED

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.