

# EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company, S.I. if selection box is not checked.  
6000 American Pkwy Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

James M Giacomia Agency, Inc.  
12995 SHERIDAN BLVD STE 104  
BROOMFIELD, CO 80020  
(303) 665-3695  
(070/308)

**This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.**

**This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

Insured's Name and Address:

Castle Place Condominium Association Inc  
400 S Colorado Blvd Ste 360  
Denver, CO 80246

|   |  |
|---|--|
| POLICY NUMBER<br>05-XM3203-01             |  |
| EFFECTIVE DATE (MM/DD/YYYY)<br>01/18/2018 | EXPIRATION DATE (MM/DD/YYYY)<br>01/18/2019 |

| PROPERTY INFORMATION                                   |  |
|--|--|
| PROPERTY LOCATION<br>1266 N Emerson St Denver CO 80218 | PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)<br>3 Stories , 7 Units |

| COVERAGES                          |                                  |                               |                                |                                |  |  |                                      |
|------------------------------------|----------------------------------|-------------------------------|--------------------------------|--------------------------------|--|--|--------------------------------------|
| Personal Lines - Property          |                                  | Farm/Ranch Lines              |                                | Business Insurance             |  |  |                                      |
| Policy Type                        |                                  | Policy Type                   |                                | Policy Type                    | Form                                   |  |                                      |
| <input type="checkbox"/> HO 1      | <input type="checkbox"/> HO 5/GS | <input type="checkbox"/> MH 1 | <input type="checkbox"/> DP 01 | <input type="checkbox"/> FR 02 | <input type="checkbox"/> FR MH 01 (GA) | <input checked="" type="checkbox"/> Businessowners | <input type="checkbox"/> Named Peril |
| <input type="checkbox"/> HO 2      | <input type="checkbox"/> HO 6    | <input type="checkbox"/> MH 3 | <input type="checkbox"/> DP 02 | <input type="checkbox"/> FR 03 | <input type="checkbox"/> FR MH 03      | <input type="checkbox"/> Business Key              | <input type="checkbox"/> Basic       |
| <input type="checkbox"/> HO 3      | <input type="checkbox"/> CV 1    | <input type="checkbox"/> MHGS | <input type="checkbox"/> BO    | <input type="checkbox"/> FR 04 |  | <input type="checkbox"/> Property                  | <input type="checkbox"/> Broad       |
| <input type="checkbox"/> HO 4      | <input type="checkbox"/> CV 3    |                               |                                | <input type="checkbox"/> FR 05 |  | <input type="checkbox"/> Inland Marine             | <input type="checkbox"/> Special     |
| Amount of Insurance                |                                  | Amount of Insurance           |                                | Amount of Insurance            |  |  |                                      |
| Cov. A Dwelling                    | \$ _____                         | Cov. A Dwelling               | \$ _____                       | Building                       | \$ 1,454,985.00                        |  |                                      |
| Cov. B Pers. Property              | \$ _____                         | Cov. B Pers. Property         | \$ _____                       | Bus. Pers. Property            | \$ _____                               |  |                                      |
| Cov. B Other Struct. (Fire & E.C.) | \$ _____                         | Sec. III Pers. Prop. Blanket  | \$ _____                       | Other                          | \$ _____                               |  |                                      |
| Cov. C Pers. Prop (Fire & E.C.)    | \$ _____                         | Sec. III Schedule             | \$ _____                       |                                |  |  |                                      |
| Boatowners - Sect. 1               | \$ _____                         | Sec. IV Outbldgs.             | \$ _____                       |                                |  |  |                                      |
| Other                              | \$ _____                         | Other                         | \$ _____                       |                                |  |  |                                      |
|                                    |                                  | Deductible Sec. I             | \$ _____                       | Deductible-Bldg.               | \$ 2,500                               |  |                                      |
| Deductible                         | \$ _____                         | Deductible Sec. III           | \$ _____                       | Deductible-Bus. Pers. Prop.    | \$ _____                               |  |                                      |
|                                    |                                  | Deductible Sec. IV            | \$ _____                       | Deductible                     | \$ _____                               |  |                                      |

**REMARKS (Including Special Conditions/Endorsements)**

**EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION**

**EFFECTIVE DATE** - Date additional interest is added.

**RENEWAL OF COVERAGE / CANCELLATION** -This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.

\* The Expiration Date is changed to read "UNTIL CANCELLED".

| ADDITIONAL INTEREST NAME AND ADDRESS   | NATURE OF INTEREST   |   |
|--|--|---|
| CAPITAL HILL HOA<br>MGMT<br>400 S COLORADO<br>BLVD STE 360<br>DENVER, CO<br>80246-1252 | LOAN NUMBER  |   |
|  | <input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/>                              |   |
|  | DATE ISSUED<br>01/23/2018  | AUTHORIZED REPRESENTATIVE<br>Tania Garcia |
|  | <b>TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.</b> |   |

# CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company   
 American Family Mutual Insurance Company, S.I. if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address  
 Castle Place Condominium Association Inc  
 400 S Colorado Blvd Ste 360  
 Denver, CO 80246

Agent's Name, Address and Phone Number (Agt./Dist.)  
 James M Giacoma Agency, Inc.  
 12995 SHERIDAN BLVD STE 104  
 BROOMFIELD, CO 80020  
 (303) 665-3695 (070/308)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.  
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

## COVERAGES

This is to certify that 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.

| TYPE OF INSURANCE  | POLICY NUMBER | POLICY DATE                |                             | LIMITS OF LIABILITY  |
|--|---------------|----------------------------|-----------------------------|--|
|  |               | EFFECTIVE<br>(Mo, Day, Yr) | EXPIRATION<br>(Mo, Day, Yr) |  |
| Homeowners/<br>Mobilehomeowners Liability  |               |                            |                             | Bodily Injury and Property Damage<br>Each Occurrence \$ ,000   |
| Boatowners Liability   |               |                            |                             | Bodily Injury and Property Damage<br>Each Occurrence \$ ,000   |
| Personal Umbrella Liability  |               |                            |                             | Bodily Injury and Property Damage<br>Each Occurrence \$ ,000   |
| Farm/Ranch Liability   |               |                            |                             | Farm Liability & Personal Liability<br>Each Occurrence \$ ,000 |
|  |               |                            |                             | Farm Employer's Liability<br>Each Occurrence \$ ,000           |
| Workers Compensation and<br>Employers Liability †  |               |                            |                             | Statutory *****  |
|  |               |                            |                             | Each Accident \$ ,000  |
|  |               |                            |                             | Disease - Each Employee \$ ,000                                |
|  |               |                            |                             | Disease - Policy Limit \$ ,000                                 |
| <b>General Liability</b><br><input checked="" type="checkbox"/> Commercial General Liability (occurrence)<br><input type="checkbox"/><br><input type="checkbox"/>  | 05-XM3203-01  | 01/18/2018                 | 01/18/2019                  | General Aggregate \$ 4,000,000                                 |
|  |               |                            |                             | Products - Completed Operations Aggregate \$ 4,000,000         |
|  |               |                            |                             | Personal and Advertising Injury \$ ,000                        |
|  |               |                            |                             | Each Occurrence \$ ,000  |
|  |               |                            |                             | Damage to Premises Rented to You \$ 50,000                     |
|  |               |                            |                             | Medical Expense (Any One Person) \$ 5,000                      |
|  |               |                            |                             | Businessowners Liability                                       |
| Liquor Liability   |               |                            |                             | Common Cause Limit \$ ,000                                     |
|  |               |                            |                             | Aggregate Limit \$ ,000  |
| <b>Automobile Liability</b><br><input type="checkbox"/> Any Auto<br><input type="checkbox"/> All Owned Autos<br><input type="checkbox"/> Scheduled Autos<br><input type="checkbox"/> Hired Auto<br><input type="checkbox"/> Nonowned Autos<br><input type="checkbox"/> |               |                            |                             | Bodily Injury - Each Person \$ ,000                            |
|  |               |                            |                             | Bodily Injury - Each Accident \$ ,000                          |
|  |               |                            |                             | Property Damage \$ ,000  |
|  |               |                            |                             | Bodily Injury and Property Damage Combined \$ ,000             |
| <b>Excess Liability</b><br><input type="checkbox"/> Commercial Blanket Excess<br><input type="checkbox"/>  |               |                            |                             | Each Occurrence/Aggregate \$ ,000                              |

## Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

†The individual or partners  Have shown as insured elected to be covered under this policy.  Have not  
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

| CERTIFICATE HOLDER'S NAME AND ADDRESS | CANCELLATION |
|---------------------------------------|--------------|
|---------------------------------------|--------------|

|   |  |
|---|--|
| CAPITAL HILL HOA MGMT<br>400 S COLORADO BLVD STE 360<br>DENVER, CO 80246-1252 | <input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(        days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.<br><input checked="" type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue. |
| DATE ISSUED<br>01/23/2018   | AUTHORIZED REPRESENTATIVE<br>Tania Garcia  |