



PARKGAR-01

C1JWESTPHAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/15/2018

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).

PRODUCER AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No): E-MAIL ADDRESS:																					
INSURED Parkway Gardens South Condominium Association, Inc. C/O Capital Hill HOA Mgmt. 400 S Colorado Blvd #360 Denver, CO 80246	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Westchester Surplus Lines Insurance Company</td> <td>10172</td> </tr> <tr> <td>INSURER B :</td> <td>Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER C :</td> <td>Travelers Casualty And Surety Company</td> <td>19038</td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Westchester Surplus Lines Insurance Company	10172	INSURER B :	Great American Insurance Company	16691	INSURER C :	Travelers Casualty And Surety Company	19038	INSURER D :			INSURER E :			INSURER F :		
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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	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLWF13776714 001	03/10/2018	03/10/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			GLWF13776714 001	03/10/2018	03/10/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EPP1499943-07	03/10/2018	03/10/2019	EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			105879574	03/10/2016	03/10/2019	PER STATUTE OTH-ER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Directors & Officers			EPP1499943-07	03/10/2018	03/10/2019	Deductible 2,500	1,000,000
C	Crime Coverage			105879574	03/10/2016	03/10/2019	Deductible 1,000	75,000

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

CERTIFICATE HOLDER
CANCELLATION

Informational Certificate	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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ADDITIONAL REMARKS SCHEDULE

AGENCY AssuredPartners Colorado		NAMED INSURED Parkway Gardens South Condominium Association, Inc. C/O Capital Hill HOA Mgmt. 400 S Colorado Blvd #360 Denver, CO 80246	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE 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

CARRIER: Underwriters at Lloyd's
EFFECTIVE: 3/10/18
POLICY #: TCAPP000437
LIMIT: \$852,000
DEDUCTIBLE: \$2,500
WIND & HAIL DEDUCTIBLE: 3% of buildings value
OF UNITS: 8
OF BUILDINGS: 1
100% REPLACEMENT COST UP TO THE LIMIT ABOVE
ROOFS COVERED AT ACTUAL CASH VALUE
SEVERABILITY OF INTEREST IS INCLUDED
ORDINANCE AND LAW IS INCLUDED
NO COINSURANCE
SPECIAL FORM
NO 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.