

C1CROONEY

DATE (MM/DD/YYYY)	
7/10/2022	

PIERPOI-02

			C	EF	RTI	FICATE OF LIA	BILITY INS	SURAN	CE		7	/10/2023
C B	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.											
lf	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).											
	DUCE		J				CONTACT NAME:					
AssuredPartners						PHONE (A/C, No, Ext): (303) 8						
4582 S. Ulster Street Suite 600 (A/C, No, Ext): (303) 863-7788 (A/C, No): Denver, CO 80237 E-Mail ADDRESS: (A/C, No):												
						IN:	NAIC #					
							INSURER A : Owners					32700
INSU	JRED						INSURER B : Great A	American In	surance Com	pany		16691
			int 7 Council, Ind	C			INSURER C : Travele				iy	19038
		C/O CPMG 2620 South	Parker Road #10)5			INSURER D :					
		Aurora, CO					INSURER E :					
							INSURER F :					
со	VEF	RAGES	CER	TIFIC	САТЕ	NUMBER:			REVISION NU	MBER:		
	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,											
INSR					SUBR	LIMITS SHOWN MAY HAVE E	POLICY EFF	POLICY EXP				
	x	TYPE OF INSU		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000
	^	CLAIMS-MADE				74089829-23	7/16/2023	7/16/2024	EACH OCCURREN DAMAGE TO REN PREMISES (Ea oc		\$	300.000
			X			14003023-23	1/10/2023	1/10/2024			\$	10,000
									MED EXP (Any one		\$	1,000,000
									PERSONAL & AD		\$ \$	2,000,000
	X	N'L AGGREGATE LIMIT	LOC						GENERAL AGGRE		\$ \$	2,000,000
		OTHER:							PRODUCTS - COM	IP/OP AGG	э \$	
Α	AU								COMBINED SINGL (Ea accident)	E LIMIT	\$	1,000,000
ANY AUTO OWNED AUTOS ONLY AUTOS				74089829-23	7/16/2023	7/16/2024	BODILY INJURY (Per nerson)	\$			
							BODILY INJURY (I					
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMA (Per accident)	GE	\$				
											\$	
		UMBRELLA LIAB	OCCUR						EACH OCCURREN	ICE	\$	
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE		\$	
		DED RETENTI	ION \$								\$	
	WO	RKERS COMPENSATION	ΓY						PER STATUTE	OTH- ER		
		PROPRIETOR/PARTNEI		N/A					E.L. EACH ACCIDI		\$	
		ICER/MEMBER EXCLUD							E.L. DISEASE - EA	EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO		\$			
B Directors & Officers			EPP2379791-15		7/16/2023			Deductible \$1,000		1,000,000		
C Crime					105619810	7/16/2023	7/16/2026	Deductible \$1	,000		125,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												

CERTIFICATE HOLDER	CANCELLATION
Informational Certificate	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

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AGENCY CUSTOMER ID: PIERPOI-02

ACORD

LOC #: 1

C1CROONEY

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY		NAMED INSURED						
AssuredPartners		The Pier Point 7 Council, Inc C/O CPMG						
POLICY NUMBER		2620 South Parker Road #105 Aurora, CO 80014						
SEE PAGE 1								
CARRIER	NAIC CODE	-						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1						
ADDITIONAL REMARKS	ł							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,								
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance								
Property Information								
CARRIER: Owners Insurance Company								
POLICY: Property (HOA Common Area Property Only)								
POLICY#: 74089829-23								
EFFECTIVE: 7/16/2023 - 7/16/2024								
DEDUCTIBLE: \$1,000 100% Replacement Cost up to the limit of insurance								
80% Co-Insurance								
Equipment Breakdown Excluded								
Severability of Interest is Included								
Waiver of Subrogation applies								
POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION								
OR POOLED PROGRAM								
CANCELLATIONS: 10 Day Notice of Cancellation provi								
FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR	PROPERTY	(MANAGEMENT COMPANY, PROPERTY MANAGER,						
VOLUNTEERS AND BOARD MEMBERS								
****** PLEASE READ******								
Insurance is for Building coverage and General Liability for the Association's common areas only. Please refer to the Association's								
CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO3 (owner occupancy) or HO4 (tenant occupancy) policy is necessary.								
Contact your personal insurance carrier to verify your required coverage.								
		f an actual insurance contract. Coverage is subject to the terms,						
conditions and exclusions on the insurance policies. P	lease refer	to the actual policy for complete details						