

CERTIFICATE OF LIABILITY INSURANCE

C1VPERRENOUD

PIERPOI-03

DATE (MM/DD/YYYY)

				11						9/	19/2023	
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 CONTACT NAME:												
-		ĸ Partners						000 7700	FAX			
4582	2 S.	JIster Street Suite 600				(A/C, No E-MAIL ADDRE	o, Ext): (303) 8	503-1188	(A/C, No):			
Den	ver,	CO 80237				ADDRE						
											NAIC #	
									nce Company		42390	
INSU	RED	Pier Point Village 8 Homeow	ners	۵۹۹	ociation				nce Company rers' Association Insurance C	000000	22322	
		C/O Colorado Prop Mgmt G								ompany		
		2620 South Parker Rd., # 10	5						surance Company		16691	
		Aurora, CO 80014						rs Casualty	y And Surety Compan	ly	19038	
						INSURE	RF:					
					ENUMBER:				REVISION NUMBER:			
IN CI	DIC/ ERTI	S TO CERTIFY THAT THE POLICIE TED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQU	REM TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	ECT TO	WHICH THIS	
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR		DEEN	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		.e		
A	x		INSD	WVD	T OEIO T NOMBER		(MM/DD/YYYY)		EACH OCCURRENCE		1,000,000	
		CLAIMS-MADE X OCCUR			PIBP453064		9/30/2023	9/30/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	50,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
	X								PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
Α								9/30/2024	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
		ANY AUTO OWNED AUTOS ONLY			PIBP453064		9/30/2023		BODILY INJURY (Per person)	\$		
								•••••	BODILY INJURY (Per accident)			
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
		AUTOS ONLY										
в	x	UMBRELLA LIAB X OCCUR								\$	5,000,000	
		EXCESS LIAB			PPP7489680		9/30/2023	9/30/2024	EACH OCCURRENCE	\$		
		DED X RETENTION \$ 0	-						Aggregate		5,000,000	
С	DED A RETENTION \$ WORKERS COMPENSATION								PER X OTH-		-,,	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				202301-06-75-45-4Y		10/1/2023	9/30/2024			1,000,000	
									E.L. EACH ACCIDENT	\$	1,000,000	
	If ves, describe under								E.L. DISEASE - EA EMPLOYEE		1,000,000	
р		CRIPTION OF OPERATIONS below			EPP3795180		9/30/2023	9/30/2024	E.L. DISEASE - POLICY LIMIT \$ 1000 Ded		1,000,000	
E	Crime 105649826					4500 Ded	475,000					
L												
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requi	red)			

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					



ACORD

LOC #: 1____

ADDITIONAL	L REMA	ARKS SCHEDULE	Page	1	of	1
AGENCY AssuredPartners	NAMED INSURED Pier Point Village 8 Homeowners Association C/O Colorado Prop Mgmt Group 2620 South Parker Rd., # 105					
POLICY NUMBER SEE PAGE 1	2620 South Parker Rd., # 105 Aurora, CO 80014					
CARRIER SEE PAGE 1	NAIC CODE					
ADDITIONAL REMARKS		EFFECTIVE DATE: SEE PAGE 1				
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC	ORD FORM,					
FORM NUMBER: <u>ACORD 25</u> FORM TITLE: <u>Certificate of Liability</u>	ity Insurance					
Property Information Master Property Coverage CARRIER: AmGUARD EFFECTIVE: 9/30/23 - 9/30/24 POLICY #: PIBP453064 LIMIT: \$21,992,544 DEDUCTIBLE: \$10,000 WIND & HAIL DEDUCTIBLE: 5% of buildings value # OF UNITS: 46 100% REPLACEMENT COST UP TO THE LIMIT ABOVE 2% Inflation Guard SEVERABILITY OF INTEREST IS INCLUDED ORDINANCE AND LAW IS INCLUDED (Coverage A up t NO COINSURANCE / Agreed Value SPECIAL FORM EQUIPMENT BREAKDOWN COVERAGE IS INCLUDED		ling limit, B&C up to \$100K per Building)				

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: 10 day minimum notice required for non payment of premium