

CERTIFICATE OF LIABILITY INSURANCE

C1VPERRENOUD

DATE (MM/DD/YYYY)

SECOTIM-01

						DURAN	UE	4	/9/2024				
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:													
AssuredPartners 4582 S. Ulster Street Suite 600 Denver, CO 80237								PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No): E-MAIL ADDRESS:					
								INSURER(S) AFFORDING COVERAGE NAIC #					
							INSURER A : AmGUARD Insurance Company				42390		
INSU	RED						INSURER B : Pennsylvania Manufacturers' Association Insurance Company				12262		
			Property Mana			Way Condo. Assoc.		SURER C : Great American Insurance Company				16691	
			er Road, Suite 1				INSURER D : Travelers Casualty And Surety Compan				ny	19038	
		Aurora, CO 8	0014				INSURER E :						
							INSURE	RF:					
CO	VER	AGES	CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C	IDICA ERTI	ATED. NOTWITHST FICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER	REME TAIN,	URANCE LISTED BELOW H ENT, TERM OR CONDITION THE INSURANCE AFFORE	N OF A	NY CONTRA (THE POLIC	CT OR OTHE	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	ECT TO	WHICH THIS	
					SUBR	LIMITS SHOWN MAY HAVE	BEEN F	POLICY EFF (MM/DD/YYYY)	PAID CLAIMS POLICY EXP (MM/DD/YYYY)				
				INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM		1,000,000	
	X									EACH OCCURRENCE	\$	100,000	
		CLAIMS-MADE	XOCCUR			SEBP550108		4/14/2024	4/14/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	5,000	
										MED EXP (Any one person)	\$	Included	
										PERSONAL & ADV INJURY	\$	2,000,000	
			APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ \$	2,000,000	
Α	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
	ANY AUTO					SEBP550108		4/14/2024	4/14/2025	BODILY INJURY (Per person)	\$		
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	Χ	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
											\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTIO	DN \$	1							\$		
В		KERS COMPENSATION								PER STATUTE X OTH- ER	*		
		EMPLOYERS' LIABILIT' PROPRIETOR/PARTNER				2023010786509Y		6/8/2023	4/14/2024	E.L. EACH ACCIDENT	\$	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N / A						E.L. DISEASE - EA EMPLOYE	1	1,000,000		
									E.L. DISEASE - POLICY LIMIT		1,000,000		
C Directors & Officers					EPP4335107		4/14/2024	4/14/2025	1000 Ded	Φ	1,000,000		
D Crime					105564386		4/14/2023	4/14/2026	4000 Ded		400,000		
												,	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
023	JRIPI	ION OF OFERATIONS /	LOCATIONS / VEHICI	LE3 (/	LOOKL	, ivi, Auditional Remarks Schedul	ie, may D	e attached if moi	e space is requi	ieuj			

CERTIFICATE HOLDER	CANCELLATION				
Information Only	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				

AGENCY CUSTOMER ID: SECOTIM-01



LOC #: 1

ADDITIONAL REMARKS SCHEDULE

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AGENCY AssuredPartners		NAMED INSURED The Second Timbers at South Granby Way Condo. Assoc. c/o Colorado Property Management Group							
POLICY NUMBER		c/o Colorado Property Management Group 2620 S. Parker Road, Suite 105 Aurora, CO 80014							
SEE PAGE 1									
CARRIER	NAIC CODE								
SEE PAGE 1	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									
Proeprty Information Master Property Coverage Information Property coverage is provided on the same policy as t CARRIER: AmGuard POLICY NUMBER: SEBP550108 EFFECTIVE DATE: 04/14/2024 - 04/14/2025 BUILDING LIMIT: \$13,582,374 DEDUCTIBLE: \$50,000 WIND & HAIL DEDUCTIBLE: 5% of building value # OF UNITS: 72 # OF BUILDINGS: 6 100% REPLACEMENT COST UP TO THE LIMIT ABOVE SEVERABILITY OF INTEREST IS INCLUDED ORDINANCE AND LAW IS INCLUDED - Coverage A up NO COINSURANCE / AGREED VALUE SPECIAL FORM NO INFLATION GUARD - BUILDING LIMITS REVIEWED Waiver of Subrogation in favor of unit owners applies. This coverage applies only to the named insured listed	to building	limit, B&C up to \$200K per Building							
CRIME/FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS									
	**	***** PLEASE READ******							
Insurance is for Building Coverage, General Liability and Association's common areas for which the Association is responsible for per the CC&R's. 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 HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage. This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details.									
Cancellations: 10 day minimum notice for cancellation									