



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

10/6/2020

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Parker-Douglas Insurance, Inc. 400 S Colorado Blvd Ste 390 Denver CO 80246	CONTACT NAME: Gina Corsaro PHONE (A/C, No, Ext): (303)471-5646 FAX (A/C, No): (303)346-6195 E-MAIL ADDRESS: gina@parkerdouglas.insure PRODUCER CUSTOMER ID: 00003841														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: AmGUARD Insurance Company</td> <td>42390</td> </tr> <tr> <td>INSURER B: Travelers Casualty & Surety Company of</td> <td>31194</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: AmGUARD Insurance Company	42390	INSURER B: Travelers Casualty & Surety Company of	31194	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURED 1747 Pearl Street Association c/o Western States Property Management 9145 East Kenyon Rd #101 Denver CO 80237															

COVERAGES

CERTIFICATE NUMBER: Property 20/21

REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Property Management company is included under the fidelity coverage/Separation of Insureds is included in the General Liability coverage Inflation Guard 4%; 10 day notice of cancellation

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		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	ONBP111068 - Replacement Cost - BLDGS 1 UNITS 24	10/10/2020	10/10/2021	<input checked="" type="checkbox"/> BUILDING	\$ 5,410,080	
		CAUSES OF LOSS				DEDUCTIBLES	<input type="checkbox"/> PERSONAL PROPERTY	\$
		BASIC				BUILDING 10,000	<input type="checkbox"/> BUSINESS INCOME	\$
		BROAD				CONTENTS	<input type="checkbox"/> EXTRA EXPENSE	\$
		SPECIAL					<input type="checkbox"/> RENTAL VALUE	\$
		EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input checked="" type="checkbox"/>	WIND				2%	<input type="checkbox"/> BLANKET PERS PROP	\$
	<input checked="" type="checkbox"/>	HAIL				2%	<input type="checkbox"/> BLANKET BLDG & PP	\$
			<input checked="" type="checkbox"/> ORD OR LAW COV A	\$ 5,410,080				
			<input checked="" type="checkbox"/> ORD OR LAW COV B&C	\$ 15,000				
	<input type="checkbox"/> INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	<input type="checkbox"/> NAMED PERILS					\$		
B	<input checked="" type="checkbox"/>	CRIME	106805782	10/10/2020	10/10/2021		\$ 100,000	
		TYPE OF POLICY					\$	
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	ONBP111068	10/10/2020	10/10/2021		\$ Included	
							\$	
							\$	
							\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Associations Master Insurance Policy Certificate

Unit Owner(s):

Location:

Loan Number:

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATIONAL PURPOSES 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

Gina Corsaro/GC