



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2023

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 Reilly Chunn Insurance Agency Inc 6870 W 52nd Ave, Ste 125 Arvada, CO 80002	CONTACT NAME: Reilly PHONE (A/C, No, Ext): 303-952-9526 E-MAIL ADDRESS: info@askreilly.com FAX (A/C, No): 303-993-5187
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED SADDLEBROOKE AT ROCK CREEK HOMEOWNERS ASSOC c/o Advance HOA Management, Inc. PO Box 370390 Denver, CO 80237	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	96-EW-Y432-1	03/31/2023	03/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			96-EW-Y432-1	03/31/2023	03/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	96-EW-Y433-3	03/31/2023	03/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Retention \$ 10,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Fidelity Coverage		Y	TBD	03/31/2023	03/31/2024	Limit \$1,700,000 \$250 deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Directors & Officers Includes Management Company - \$1,000,000 Limit, \$1,000 Deductible
1761 Morrison Ct, Superior, CO 80027 - 24 buildings, 324 units
See ACORD 101 for additional information
For Borrower:
Location:
Loan #:

CERTIFICATE HOLDER

CANCELLATION

INFORMATION ONLY For mortgagee requests please email info@askreilly.com	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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
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ADDITIONAL REMARKS SCHEDULE

AGENCY Reilly Chunn Insurance Agency Inc		NAMED INSURED SADDLEBROOKE AT ROCK CREEK HOMEOWNERS ASSOC	
POLICY NUMBER 96-EW-Y432-1		c/o Advance HOA Management, Inc. PO Box 370390	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143	Denver, CO 80237	
		EFFECTIVE DATE:	03/31/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 _____ **FORM TITLE:** Certificate of Liability Insurance

Additional Information

Building Coverage:

Carrier: State Farm

Policy: 96-EW-Y432-1

Policy Dates: 03/31/2023 - 03/31/2024

Limits: Guaranteed Replacement Cost

"We will settle covered losses to buildings or structures at the described premises under Coverage A – Buildings, for the amount you actually spend that is necessary to repair or replace the damaged building or structure, without regard to the applicable Limit Of Insurance. This coverage applies separately to each premises described in the Declarations."

Deductible: \$50,000 per occurrence including Wind/Hail. Deductible is per building.

of Units: 324

of Buildings: 24

Equipment Breakdown: Included

Ordinance & Law A: Full

Ordinance & Law B & C Combined

Back Up Sewer Drain: Included

Inflation Guard Included

Severability Included

No Coinsurance

Special Form

10 day cancellation for non-pay, 30 for company initiated cancel.

Fidelity/Crime Policy includes coverage for Management Company, Volunteers, and Board Members.

Unit Owners are responsible for obtaining HO6 coverage. Please review Association Declarations (Covenants) for further information.

***** PLEASE READ*****

Insurance is for Building Coverage, General Liability and Association common elements in accordance with governing documents. Please refer to these documents for details on coverage to be provided by the unit-owners. These can be provided by the unit-owner or the management company only.

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 replace 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.

For specific mortgagee language please email a request to info@askreilly.com