



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2024

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 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).

<b>PRODUCER</b> American Family Brokerage Inc 6000 American Parkway  Madison WI 53783		<b>CONTACT NAME:</b> Ella Washington Agency Inc <b>PHONE (A/C, No, Ext):</b> (303) 530-3444 <b>E-MAIL ADDRESS:</b> ewashing@amfam.com <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Nautilus Insurance Company	
		<b>INSURER B:</b> Continental Casualty Company	
		<b>INSURER C:</b> Multiple Carriers	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Park East Square HOA C/O Trio Poperty Management PO Box 208 Nivot CO 80544			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

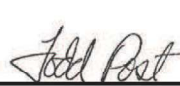
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			NN1762507	11/05/2024	11/05/2025	EACH OCCURRENCE \$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:								MED EXP (Any one person) \$ Excluded
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000		
	<b>AUTOMOBILE LIABILITY</b>						GENERAL AGGREGATE \$ 2,000,000		
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ Included		
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS							
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS							
	<b>UMBRELLA LIAB</b>						COMBINED SINGLE LIMIT (Ea accident) \$		
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per person) \$		
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					BODILY INJURY (Per accident) \$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PROPERTY DAMAGE (Per accident) \$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N							
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A						
B	Directors & Officers			618880444	11/05/2024	11/05/2025	EACH OCCURRENCE \$		
							AGGREGATE \$		
							PER STATUTE OTH-ER		
							E.L. EACH ACCIDENT \$		
							E.L. DISEASE - EA EMPLOYEE \$		
							E.L. DISEASE - POLICY LIMIT \$		
							\$1,000,000 Maximum Aggregate \$325,000 Crime		

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

See Additional Remarks Schedule Acord 101

**CERTIFICATE HOLDER****CANCELLATION**

Park East Square HOA 1075 Monroe Drive  Boulder CO 80303	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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY American Family Brokerage Inc		NAMED INSURED Park East Square HOA	
POLICY NUMBER		C/O Trio Poperty Management	
CARRIER	NAIC CODE	PO Box 208	
SEE CERTIFICATE		Niwot, CO, 80544	
		EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Coverage C: Commercial Property  
National Fire & Marine Insurance Co, Effective 11/05/2024-11/05/2025, Policy Number-12PRM06743406  
Primary Layer  
\$10,000,000 Building Limit, Blanket  
55 Buildings, 220 Units  
Causes of Loss Form-Special, Including Theft  
Coinsurance-None  
100% Replacement Cost  
Ded-\$25,000  
Wind/Hail Deductible-\$118,000  
Separation of Insured-Included  
Equipment Breakdown-Included  
Reported Value \$65,576,568

2nd Layer  
Homeland Insurance Company of New York  
Policy #795027787, Effective 11/5/24-11/5/25  
\$27,788,284 Part of \$55,576,568  
Excess of \$10,000,000

3rd Layer: Multiple  
Convex Insurance UK Limited  
Policy #CVX240608, Effective 11/5/2024-11/5/2025

Scottsdale Insurance Company  
Policy #BXS0006088, Effective 11/5/2024-11/5/2025

Participation: \$27,788,284 Part of \$55,576,568  
Excess of \$10,000,000

Coverage B Continued: Policy Number 618880444, Effective 11/05/2024-11/05/2025  
Directors & Officers Scheduled Retention-\$1,000  
Crime Scheduled Retention-\$1,500  
Property Management is an Additional Insured

Unit Owner: