



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/18/2025

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).

PRODUCER Ella Washington Group LLC 923 E Prospect Rd Fort Collins, CO 80525	CONTACT NAME: Ella Washington Group LLC
	PHONE (A/C No. Ext): (970) 484-2881 FAX (A/C No.): (970) 232-2880
	E-MAIL ADDRESS: generalmailbox@washingtoninsurance.group
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Ategrity Specialty Insurance Company
	INSURER B: Travelers Casualty & Surety Company
	INSURER C: Multiple
	INSURER D: Capitol Specialty Insurance Corporation
	INSURER E:
	INSURER F:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER _____			01-C-PK-P20157018-0	11/05/2025	11/05/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			XS25046573	11/05/2025	11/05/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			108377368	11/05/2025	11/05/2026	Limit - \$1,000,000 Deductible - \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Insurer B- Crime, Limit \$100,000, Policy 108377368, Effective 11/05/2025 - 11/05/2026, Deductible- \$1,000 (Property Management Company included in coverage)

CERTIFICATE HOLDER Park East Square Homeowners Association 1075 Monroe Dr Boulder, CO 80303	CANCELLATION 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 Ella Washington
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REMARKS

(C) Commercial Property:

Illinois Union Insurance Company, Effective 11/05/2025 to 11/05/2026, Policy Number - D39222012 001

Primary Layer

Building Limit -- \$5,000,000

Business Personal Property -- \$550,000

Scheduled Structures -- included in building limit (Pool & Clubhouse)

Buildings - 55 Units - 220

Replacement Cost

Special Form

Ordinance or Law applies for Coverage for Loss to the Undamaged Portion of the Building, Demolition Cost Coverage and Increased Cost of Construction Coverage

Separation Of Insureds, applies

Deductible Amount: \$25,000 per occurrence

Separate Wind Hail Deductible: 5% per location (subject to minimum \$50,000 per occurrence)

2nd Layer:

Kinsale Insurance Company

Policy# 0100408985-0, Effective 11/05/2025 to 11/05/2026

\$5,000,000 Excess of \$5,000,000

3rd Layer: Multiple

Convex Insurance UK Limited

Policy# CVX240608-01, Effective 11/05/2025 to 11/05/2026

Obsidian Specialty Insurance Company

Policy# PAC-PR00001282-00, Effective 11/05/2025 to 11/05/2026

Point Excess and Surplus Insurance Company

Policy# SEN0004763-00, Effective 11/05/2025 to 11/05/2026

Scottsdale Insurance Company

Policy# BXS0007058, Effective 11/05/2025 to 11/05/2026

Participation \$55,576,568

Excess of \$10,000,000

Total Building Limit -- \$65,026,568