

## CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

C B	ERT ELO	IFICATE DOES W. THIS CER	S NOT AFFIRMA TIFICATE OF IN	A MATTER OF INFORMATION OF ATIVELY OR NEGATIVELY AMEN SURANCE DOES NOT CONSTIT 2, AND THE CERTIFICATE HOLD	ID, EXTE IUTE A C	ND OR ALTER 1	THE COVERAGE	٩FFG	ORDED BY THE POL	R. THIS CIES	/10/2022	
PRO	DUCE	R				CONTACT Ga	briel Negron-Rodrig	uez				
Мос	Moody Insurance Agency, Inc.						PHONE:         FAX           (A/C, No, Ext):         (303) 824-6600					
805	5 Eas	st Tufts Avenue				E-MAIL ADDRESS: gabriel.negron-rodriguez@moodyins.com						
Suit	e 100	00				PRODUCER (	PRODUCER 00011047					
Der				CO 8023	CUSTOMER ID:							
INSU				00 0020	INSURER(S) AFFORDING COVERAGE					NAIC #		
						INSURER A : General Star Insurance Co					10001	
		ndominium Ass				INSURER B: Great American Insurance Co					16691	
182	5 Lav	vrence St Ste 3	11		INSURER C: We		13196					
c/o	CAP	Management			INSURER D :							
Der	ver			CO 8020	)2	INSURER E :						
					INSURER F :							
CO	/ER/	AGES		CERTIFICATE NUMBER: 22-2	23 Master	r		RE\	ISION NUMBER:			
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Loc# 00001 Bidg# 00001: 800 Washington Street Denver CO 80203 See Attached Overflow Pages 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						POLICY EFFECTIVE	POLICY EXPIRATION					
LTR		TYPE OF INS	SURANCE	POLICY NUMBER		DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERTY		LIMITS	
	X	PROPERTY						$ \times$	BUILDING	<sub>\$</sub> 16,4	77,706	
	CAU	ISES OF LOSS	DEDUCTIBLES						PERSONAL PROPERTY	\$		
		BASIC	BUILDING	-					BUSINESS INCOME	\$		
		BROAD	10,000 CONTENTS	-					EXTRA EXPENSE	\$		
	$\mathbf{X}$	SPECIAL	CONTENTS						RENTAL VALUE			
	EARTHQUAKE WIND			-		01/01/2022	01/01/2023	<u> </u>	BLANKET BUILDING	\$		
А				IAG968113B						PERS PROP \$		
				-								
		FLOOD	/	-					BLANKET BLDG & PP	\$		
	$\mathbf{X}$	Wind/Hail	2.00%					$ \times$	Business Personal	<sub>\$</sub> 1,95		
								$ \times$	Backup - Sewers and	<sub>\$</sub> 100	,000	
		INLAND MARINE CAUSES OF LOSS NAMED PERILS		TYPE OF POLICY						\$		
	CAU			POLICY NUMBER						\$		
										\$		
										\$		
	×								Emp Dishonesty	¢ 850	,000	
в				SAA5543821224617		01/01/2022	01/01/2023	<u> </u>		\$		
2	IYP	E OF POLICY				5., 5 I/LOLL	0.,01/2020	<u> </u>				
									Limit	\$ 	Idad	
А		BOILER & MACH EQUIPMENT BRE	AKDOWN	IAG968113B		01/01/2022	01/01/2023	$ \times$	Limit	φ	bepr	
		1 1 1 . 1 199							Fach Oas	\$		
С	Ge	neral Liability		NPP8611811		01/01/2022	01/01/2023	X	Each Occurrence	Ψ	0,000	
								X	Aggregate	<b>\$</b> 2,00	00,000	
Ado Unit	ress Owr	(enter as noted her 's Last Name	on request) (Con e, First Name; Lo	CORD 101, Additional Remarks Schedule, firm address on policy before issuing an #XXXX th the Association's Covenants/Decla	g)			Comp	any.			
		0.TE										
CERTIFICATE HOLDER						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.						
1			wrence St Ste 311									
		1020 La				AUTHORIZED REP	D REPRESENTATIVE					
		Denver		CO 8020	Moody Wsurance Agenar							

The ACORD name and logo are registered marks of ACORD

 $\ensuremath{\textcircled{\sc c}}$  1995-2015 ACORD CORPORATION. All rights reserved.

ADDITIONAL COVERAGES										
<b>Ref #</b> 1	Description 00001,800 Washington Street,Equip Breakdown,				Coverage Code SPC	Form No.	Edition Date			
Limit 1 Include	Limit 2 Limit 3 Deductible Amount				Deduc	Deductible Type Premium				
Ref #	Description					Coverage Code	Form No.	Edition Date		
Limit 1	Limit 2 Limit 3 Deductible			Deductible Amount	Deduc	tible Type				
Ref #	Description					Coverage Code	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
Ref #	Description	n	·	·		Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium			
Ref #	Description	Description					Form No.	Edition Date		
Limit 1	I	Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium			
Ref #	Description					Coverage Code	Form No.	Edition Date		
Limit 1	I	Limit 2	Limit 3	Deductible Amount	Deduo	tible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduo	ctible Type	Premium			
Ref #	Description	n				Coverage Code	Form No.	Edition Date		
Limit 1	I	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	<u> </u>		
Ref #	Description	n			-	Coverage Code	Form No.	Edition Date		
Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type							Premium	I		
OFADTLCV Copyright 2001, AMS Services, Inc.										