

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/05/2023

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.												
PRO	DUCE	R				CONTACT Mo	CONTACT Moody Insurance Agency					
Mod	ody Ir	surance Agenc	y, Inc.			NAME: FAX PHONE (303) 824-6600 (A/C, No, Ext): (303) 370-0118						
805	5 Fas	st Tufts Avenue				E-MAIL cor	E-MAIL cortroquest@moodvins.com					
	e 100				PRODUCER (PRODUCER 00011047						
Der				0	80237	CUSTOMER ID:	CUSTOMER ID:					
	-			00	00237	INSURER(S) AFFORDING COVERAGE					NAIC #	
INSU						INSURER A : General Star Insurance Co						
		ndominium Ass	ociation			INSURER B : Great American Insurance Co					16691	
c/o	Asso	cia				INSURER C: Wesco Insurance Company					25011	
141	42 D	enver West Par	kway, Suite 350			INSURER D :	INSURER D :					
Lak	ewoo	d		CO	80401	INSURER E :	INSURER E :					
						INSURER F :	INSURER F :					
CO	/ER	AGES		CERTIFICATE NUMBER:	23-24 Mast	ter		RE\	ISION NUMBER	R:		
100 TI IN C	LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 100 Units 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			COVERED PROPERTY		LIMITS	
LTR		I TPE OF IN	SURANCE	POLICY NUMBER		DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)		COVERED PROPERT			
	\times	PROPERTY						$ \times$	BUILDING	_{\$} 16,	477,706	
	CAL	ISES OF LOSS	DEDUCTIBLES						PERSONAL PROPE	RTY \$		
		BASIC	BUILDING \$10,000						BUSINESS INCOME	\$		
		BROAD	CONTENTS	-					EXTRA EXPENSE	\$		
	×	SPECIAL							RENTAL VALUE	\$		
	<u> </u>	EARTHQUAKE		-					BLANKET BUILDING	、		
A		WIND	3%	IAG968113B		01/01/2023	01/01/2024	<u> </u>	BLANKET PERS PR			
	\frown	FLOOD	0,0	-				<u> </u>	BLANKET BLDG & P			
		FLOOD		-					4	\$	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
								\mathbf{X}	Ord/Law	φ	00,000	
								$ \times$	Backup - Sewers	s _{\$} 100	0,000	
		INLAND MARINE		TYPE OF POLICY						\$		
	CAL	ISES OF LOSS								\$		
		NAMED PERILS		POLICY NUMBER						\$		
										\$		
	×	CRIME						×	Emp Dishonesty		50,000	
в	TYPE OF POLICY			SAA5543821224618		01/01/2023	01/01/2024	$\overline{\mathbf{\nabla}}$	Deductible		00	
							01/01/2021	⊖	Doddolibio	Ψ		
									Limit	\$	ludad	
А		BOILER & MACH EQUIPMENT BRE	EAKDOWN	IAG968113B		01/01/2023	01/01/2024		Limit	\$ Inc	luded	
								X		\$		
С	Ge	neral Liability		6482861		01/01/2023	01/01/2024	XX	Each Occurrenc Aggregate	Ψ	00,000 00,000	
SPF	L SIAL (CONDITIONS / OTH	IER COVERAGES (A	CORD 101, Additional Remarks Sci	nedule. mav be a	Ittached if more space is	s required)	1~>		Þ .,•	•	
SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 800 N Washington APT 310 Denver Co 80203 Unit Owner 's Last Name, First Name; Chad Wolbrink Loan # 26305062 Property Insurance coverage complies with the Association's Covenants/Declarations on file with the Property Management Company.												
		ICATE HOLDE	R			CANCELLATI						
	<u>\ " </u>		nte Bank ISAOA//	ATIMA MI	48007-7111	SHOULD ANY THE EXPIRAT ACCORDANC	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 MOCOLY WAWANEL AGANAY					
							mound mound the superiory					

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AGENCY CUSTOMER ID: 00011947

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

AGENCY	NAMED INSURED					
Moody Insurance Agency, Inc.	Lanai Condominium Association					
POLICY NUMBER						
CARRIER	NAIC CODE					
		EFFECTIVE DATE:				
ADDITIONAL REMARKS						

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 24 Certificate of Property Insurance: Notes

FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance: Notes

Replacement Cost to Policy Limit 80% Coinsurance 100 Units to Date

Coverage: Directors & Officers Liability Insurer: Great American Insurance Company NAIC Code: 16691 Policy Number: EPP584119918 Effective: 1/1/2023-1/1/2024 Claims Made/Prior & Pending Litigation Date: 1/1/2005 Limit: \$1,000,000/Retention: \$5,000

Coverage: Umbrella Liability Insurer: Greenwich Insurance Company NAIC Code: 22322 Policy Number: PPP771400 Effective: 1/1/2023-1/1/2024 Limit: \$25,000,000/Retention: \$0