



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2024

**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 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).**

<b>PRODUCER</b> Moody Insurance Agency, Inc. 8055 East Tufts Avenue Suite 1000 Denver CO 80237		<b>CONTACT NAME:</b> Moody Insurance Agency, Inc. <b>PHONE (A/C, No, Ext):</b> (303) 824-6600 <b>FAX (A/C, No):</b> (303) 370-0118 <b>E-MAIL ADDRESS:</b> certrequest@moodyins.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Wesco Insurance Company	<b>NAIC #</b> 25011
		<b>INSURER B:</b> Greenwich Insurance Co	22322
		<b>INSURER C:</b> Great American Insurance Co	16691
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Lanai Condominium Association 14142 Denver West Parkway, Suite 350 Lakewood CO 80401			

**COVERAGES**

CERTIFICATE NUMBER: 24.25 Master

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			WPP199912701	01/01/2024	01/01/2025	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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							MED EXP (Any one person)	\$ 5,000
	OTHER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			WPP199912701	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ Included	
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> OTHER:						PROPERTY DAMAGE (Per accident)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			PPP7471400	01/01/2024	01/01/2025	EACH OCCURRENCE	\$ 25,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 0						AGGREGATE	\$ 25,000,000	
									\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			SAA5543821224619	01/01/2024	01/01/2025	PER STATUTE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
C	Crime						Employee Dishonesty	850,000	
							Deductible	5,000	

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

Address (enter as noted on request) (Confirm address on policy before issuing)

Unit Owner's Last Name, First Name; Loan #XXXX

Property Insurance coverage complies with the Association's Covenants/Declarations on file with the Property Management Company.

**CERTIFICATE HOLDER****CANCELLATION**

\*\*\*FOR INFORMATIONAL PURPOSES ONLY\*\*\*

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

<b>AGENCY</b> Moody Insurance Agency, Inc.		<b>NAMED INSURED</b> Lanai Condominium Association	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company, Property Manager, Board Members, and Volunteers.

Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an Insured:  
 Associa  
 14142 Denver West Parkway, Suite 350  
 Lakewood, CO 80401

COVERAGE: Directors & Officers  
 INSURER: Great American Insurance Company  
 NAIC #: 16691  
 POLICY NUMBER: EPP584119919  
 POLICY DATES: 01/01/2024 - 01/01/2025  
 COVERAGE LIMIT: \$1,000,000  
 DEDUCTIBLE: \$5,000

COVERAGE: Primary Property  
 INSURER: AXIS Insurance Company (26220), Interstate Fire & Casualty Company (22829), Lexington Insurance Company (19437), Old Republic Union Insurance Company (31143), QBE UKited (AA1120481), Scottsdale Insurance Company (41297)  
 POLICY NUMBER: WK FCC0689800  
 POLICY DATES: 01/01/2024 - 01/01/2025  
 COVERAGE LIMIT: \$10,000,000  
 DEDUCTIBLE: \$25,000

COVERAGE: Excess Property  
 INSURER: Obsidian Specialty Insurance Company (16871), Falls Lake Fire and Casualty Company (15884), Scottsdale Insurance Company (41297)  
 POLICY NUMBER: SP13779800  
 POLICY DATES: 01/01/2024 - 01/01/2025  
 COVERAGE LIMIT: \$19,203,585  
 DEDUCTIBLE: \$25,000

COVERAGE: Equipment Breakdown  
 INSURER: Liberty Mutual Fire Insurance Company  
 NAIC #: 23035  
 POLICY NUMBER: YB2L9L477369014  
 POLICY DATES: 01/01/2024 - 01/01/2025  
 COVERAGE LIMIT: \$29,203,585  
 DEDUCTIBLE: \$10,000

COVERAGE: Terrorism  
 INSURER: Underwriters at Lloyd's, London  
 POLICY NUMBER: ACRPNF915734  
 POLICY DATES: 01/01/2024 - 01/01/2025  
 COVERAGE LIMIT: \$29,203,585  
 DEDUCTIBLE: \$0

ADDITIONAL BUILDING INFORMATION:  
 Wind/Hail Coverage is included. Wind/Hail Deductible: 5% Per Building, Subject to Minimum \$100,000 Per Occurrence  
 Water Damage Deductible: \$5,000 Per Unit Subject to Minimum \$25,000 per occurrence  
 # of Units: 100  
 # of Buildings: 1  
 100% Replacement Cost applies up to the buildings limit.  
 No Coinsurance. Agreed Value.

Special causes of loss excluding flood, earthquake, vandalism, and theft.  
 Subject to policy limits and exclusions.

Ordinance and Law is Included:  
 Undamaged Portion of Building is included in Building Limit  
 Demolition Cost & Increased Cost of Construction Combined is \$2,500,000

Inflation Guard is not included in the policy. Limits are reviewed annually to ensure adequate building coverage on the project.

Additional Insured and Waiver of Subrogation in favor of Unit Owners applies.

Locations must be shown on policy for coverage to apply.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_\_ of \_\_\_\_\_

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

## ADDITIONAL REMARKS

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

This is the only complex covered under the policies listed on the certificate. The policies do not cover multiple unaffiliated projects.

Severability of Liability (Separation of Insureds) is included.

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.

INSURANCE IS FOR BUILDING STRUCTURES AND COMMON AREAS FOR WHICH THE ASSOCIATION HAS A REQUIREMENT TO INSURE PER THE GOVERNING DOCUMENTS. The Governing Documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Property Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their individual insurance agent to confirm needed coverages.

Location Addresses covered by Policy (all addresses are Denver, CO, 80203)  
800 Washington Street - \$29,203,585 - 100 Units  
Total Buildings Limit: \$29,203,585

Notice of Cancellation - 10 days prior to cancellation date