



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/15/2023

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.

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		CONTACT NAME: Certificate Department	
Schad Agency		PHONE (A/C, No, Ext): 303-661-0083	FAX (A/C, No): 303-661-0085
433 Summit Blvd Unit 101		E-MAIL ADDRESS: certificate@schadagency.com	
Broomfield CO 80021		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers	
INSURED		INSURER B: Allied World Insurance Company	
GLENWOOD GARDENS PHASE I HOMEOWNERS ASSOCIATION		INSURER C: Pennsylvania Manufacturer's Association Insurance	
C/O Essential Community Management		INSURER D: Great American	
PO Box 2293		INSURER E:	
Longmont CO 80502		INSURER F:	

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"/> COMMERCIAL GENERAL LIABILITY			BIP-4T195731	04/18/2023	04/18/2024	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 1,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			313-5686-2309903	04/18/2023	04/18/2024	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			2023011386689Y	04/18/2023	04/18/2024	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Fidelity			SSA392567412779	04/18/2023	04/18/2024	Limit: \$250,000		
D	Directors & Officers			EPPE790552	04/18/2023	04/18/2024	Limit: \$1,000,000		

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

CERTIFICATE HOLDER**CANCELLATION**

Essential Community Management PO Box 2293 Longmont CO 80502	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 Schad Agency		NAMED INSURED GLENWOOD GARDENS PHASE I HOMEOWNERS ASSOCIATION	
POLICY NUMBER BIP-4T195731		C/O Essential Community Management PO Box 2293	
CARRIER Travelers	NAIC CODE	Longmont, CO, 80502	
		EFFECTIVE DATE: 04/18/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

B: Property Information
 CARRIER: Travelers
 EFFECTIVE: 4/18/2023
 POLICY: BIP-4T195731
 LIMIT: \$8,936,443
 DEDUCTIBLE: \$10,000
 WIND & HAIL DEDUCTIBLE: 5%
 ROOF: REPLACEMENT COST
 # OF UNITS: 31
 # OF BUILDINGS: 4
 REPLACEMENT COST (UP TO THE LIMIT ABOVE)
 SEVERABILITY OF INTEREST INCLUDED
 ORDINANCE AND LAW INCLUDED
 EQUIPMENT BREAKDOWN INCLUDED
 SPECIAL FORM
 10 DAYS NOTICE OF CANCELLATION

FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS.