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LOWRCOM-01

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMA CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT C REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HC IMPORTANT: If the certificate holder is an ADDITIONAL INSU If SUBROGATION IS WAIVED, subject to the terms and cond this certificate does not confer rights to the certificate holder in PRODUCER AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	AMEND, EXTEND OR ALTER ONSTITUTE A CONTRACT BE UDER. RED, the policy(ies) must have litions of the policy, certain poli lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (303) 863 E-MAIL ADDRESS:	A THE CO TWEEN 1 ADDITION icies may	VERAGE AFFORDED THE ISSUING INSUREF	TE HO BY TH R(S), AU	IE POLICIES JTHORIZED
If SUBROGATION IS WAIVED, subject to the terms and cond this certificate does not confer rights to the certificate holder in PRODUCER AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237	litions of the policy, certain poli lieu of such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): (303) 863 E-MAIL ADDRESS: INSURER A : Sirius Ame	icies may	require an endorseme		
AssuredPartners Colorado 4582 S. Ulster Street Suite 600 Denver, CO 80237 INSURED Lowry Community Master Association, Inc. c/o MSI LLC 11002 Benton Street	PHONE (A/C, No, Ext): (303) 863 E-MAIL ADDRESS: INSURER A : Sirius Ame		FAX (A/C, No)		
4582 S. Ulster Street Suite 600 Denver, CO 80237	(A/C, No, Ext): (303) 863 E-MAIL ADDRESS: INSURER A : Sirius Amo		AX (A/C, No)		
INSURED Lowry Community Master Association, Inc. c/o MSI LLC 11002 Benton Street	INSURER A : SIFIUS AM			:	
Lowry Community Master Association, Inc. c/o MSI LLC 11002 Benton Street	INSURER A : Sirius Ame				NAIC #
Lowry Community Master Association, Inc. c/o MSI LLC 11002 Benton Street					38776
c/o MSI LLC 11002 Benton Street					22322
11002 Benton Street	INSURER C : Pennsylvania	Manufacture	rs' Association Insurance (Company	/ 12262
	INSURER D : Travelers	Casualty	And Surety Compa	ny	19038
	INSURER E :				
	INSURER F :				
COVERAGES CERTIFICATE NUMBER:		F	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANC EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN N	CONDITION OF ANY CONTRACT (E AFFORDED BY THE POLICIES	OR OTHER DESCRIBE	DOCUMENT WITH RESP	ECT TO	WHICH THIS
INSR ADDL SUBR	POLICY EFF PC	OLICY EXP	LIMI	TS	
LTR TYPE OF INSURANCE INSD WVD POLICY A X COMMERCIAL GENERAL LIABILITY Image: Commercial Liability Ima	NUMBER (MM/DD/YYYY) (MM		EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR 2849439	04/01/2018 04	/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
			MED EXP (Any one person)	\$	5,000
		Г	PERSONAL & ADV INJURY	\$	Included
GEN'L AGGREGATE LIMIT APPLIES PER:		Г	GENERAL AGGREGATE	\$	3,000,000
X POLICY PRO- JECT LOC		Г	PRODUCTS - COMP/OP AGG	\$	
OTHER:				\$	
A AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO 2849439	04/01/2018 04	/01/2019	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		Г	BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)) \$ \$	
				\$	
B X UMBRELLA LIAB X OCCUR			EACH OCCURRENCE	\$	15,000,000
EXCESS LIAB CLAIMS-MADE PPP7444703	04/01/2018 04		AGGREGATE	\$	45 000 000
DED RETENTION \$		/	Aggregate	\$	15,000,000
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETO (TARTHER/EXPECIATIVE) Y/N 2017010556894	Y 04/01/2018 04	/01/2019	STATUTE		1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A 2017/010330694 OFFICER/MEMBER EXCLUDED?	1 04/01/2018 04	01/2019	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)			E.L. DISEASE - EA EMPLOYE		1,000,000
DÉSCRIPTION OF OPERATIONS below 105915868	04/01/2018 04		E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DCrime Coverage106096917			Ded \$25,000		2,500,000

CERTIFICATE HOLDER	
Information Only - MSI Website	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

AGENCY CUSTOMER ID: LOWRCOM-01

LOC #: 1

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ADDITIONAL	. REMARKS	SCHEDULE
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AGENCY AssuredPartners Colorado		NAMED INSURED Lowry Community Master Association, Inc.
POLICY NUMBER		c/o MSI LLC 11002 Benton Street
SEE PAGE 1		Westminster, CO 80020
CARRIER	NAIC CODE	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Property & Additional Information CARRIER: Sirius America Ins Co POLICY: Property (HOA Common Area Property Only) POLICY#: 2849439 EFFECTIVE: 4/1/18-4/1/19 DEDUCTIBLE: \$1,000 100% Replacement Cost up to the limit of insurance No Co-Insurance Equipment Breakdown Included to a limit of \$25,000

FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

****** PLEASE READ******

CANCELLATIONS: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. FOR DETAILS ON THESE PROVISIONS YOU AS THE LENDER, AGENT, UNIT OWNER OR INSURED WILL NEED TO OBTAIN AND REVIEW A COPY OF EACH POLICY.