

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/22/2024

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.

	UBROGATION IS WAIVED, subject certificate does not confer rights to				•	•	•	equire an endorsemen	t. Ast	atement on
PRODUCER					CONTA NAME:	СТ				
CCIC	3 nverness Drive West					PHONE (A/C, No, Ext): 303-799-0110 FAX (A/C, No): 303-799-0156			9-0156	
	ewood CO 80112					E-MAIL ADDRESS: info@thinkccig.com				
Ū					INSURER(S) AFFORDING COVERAGE			NAIC#		
				License#: 45339	INSURE	RA: United S	tates Liability	Ins Co		25895
NSURE				SUNPATL-01	INSURE	Rв: Greenwi	ch Insurance	Company		22322
Sunpointe at Lakewood Estates II Condominium Association, Inc c/o Precision Management				n Association, Inc	INSURER C: Pinnacol Assurance			41190		
PO Box 27054				INSURER D: Travelers Casualty and Surety			31194			
Denver CO 80227					INSURER E:					
INSURER F:										
COVERAGES CERTIFICATE NUMBER: 1142074430 REVISION NUMBER:										
IND CEF EXC	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.									
ISR .TR	TYPE OF INSURANCE	ADDL S INSD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тs	
	COMMERCIAL GENERAL LIABILITY			NPP1633346		6/30/2024	6/30/2025	EACH OCCURRENCE	\$\$1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$\$100	,000

\$\$5,000 MED EXP (Any one person) \$\$1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$\$2,000,000 PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ Included \$ Included OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) \$ OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED **BODILY INJURY (Per accident)** \$ PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY **AUTOS ONLY** В UMBRELLA LIAB Χ PPP7447669 6/30/2024 6/30/2025 OCCUR EACH OCCURRENCE \$\$5,000,000 Χ **EXCESS LIAB** \$\$5,000,000 CLAIMS-MADE AGGREGATE DED X RETENTION \$ 0 WORKERS COMPENSATION 4115686 7/1/2024 7/1/2025 | PER | STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$\$1,000,000 N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$\$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below \$\$1,000,000 E.L. DISEASE - POLICY LIMIT Crime/Fidelity/Emp Dish Directors & Officers \$475,000 Limit \$1,000,000 Limit \$5,000 Deductible 105948821 6/30/2024 6/30/2025 105948553 6/30/2024 \$5,000 Retention DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

See Attached	
CERTIFICATE HOLDER	CANCELLATION
Master Certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AUTHORIZED REPRESENTATIVE

GENCY	CUSTOMER ID:	SUNPATI -01
AGENC I	GUSTUNER ID.	JUNI AIL-UI

LOC #:



ADDITIONAL REMARKS SCHEDULE

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AGENCY CCIG	NAMED INSURED Sunpointe at Lakewood Estates II Condominium Association, Inc c/o Precision Management	
POLICY NUMBER		PO Box 27054 Denver CO 80227
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM NUMBER: _ 25 Crime and D&O listed on the first page with policy date/limits/deductibles Fidelity, General Liability, and Directors & Officers Liability policies include Property Management Company as an insured: Precision Management PO Box 27054 Denver, CO 80227 Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers COVERAGE: Primary Property POLICY CARRIER: Indian Harbor Insurance Company POLICY NUMBER: AMP754657800 POLICY DATES: 6/30/2024 to 6/30/2025 COVERAGE LIMIT: \$10,000,000 DEDUCTIBLE: \$25,000 WIND/HAIL COVERAGE INCLUDED: 5% (\$100,000 per occurrence minimum) Deductible WATER DAMAGE DEDUCTIBLE: \$25,000 COVERAGE: Excess Property POLICY CARRIER: Scottsdale Insurance Company POLICY NUMBER: SP6305100 POLICY DATES: 6/30/2024 to 6/30/2025 COVERAGE LIMIT: \$54,870,338 Excess \$10,000,000 DDEDUCTIBLES: Follows Primary Property # Buildings: 31 + Clubhouse # Units: 162 Replacement Cost applies up to 100% of the buildings limit Coinsurance - NIL Special Causes of Loss excluding Earthquake and Flood Subject to policy limits and exclusions. Ordinance or Law Included: A - Undamaged Portion of Building is Included in Building Limit B&C - Demolition Cost and Increased Cost of Construction Combined is 10% per Building / \$1,000,000 Maximum Inflation Guard is not included on policy. Limits are reviewed/reassessed annually to ensure adequate building coverage on project. Waiver of Subrogation is included in favor of unit owners applies. Locations must be shown on policy for coverage to apply. This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated project. Severability of Liability (Separate of Insureds) is included. If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee. Cancellation – 10 days prior to cancellation date. *****PLEASE READ***** 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 only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Location Addresses covered by Policy (All addresses are Lakewood, CO 80227) *Street Addresses *Building Limit *Number of Units 5887,89,91,93,95,97,99 W Atlantic Place - \$2,871,172 - 7 Units

Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

5877,79,81,83,85,97,99 W Atlantic Place - \$1,472,401 - 5 Units 5877,79,81,83,85 W Atlantic Place - \$1,472,401 - 5 Units 5865,67,69,71,73,75 W Atlantic Place - \$2,490,485 - 6 Units 5853,55,57,59,61.63 W Atlantic Place - \$2,816,845 - 6 Units 5833,35,37,39,41,43,45 W Atlantic Place - \$2,817,172 - 7 Units 5833,35,37,39,41,43,45 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,75,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426,77,024 W Atlantic Place - \$2,871,172 - 7 Units 623,426 W Atlantic Place - \$2,871,172 - 7 Units 623,426 W Atlantic Place - \$2,871,172 - 7 5833,35,37,39,41,43,45 W Atlantic Place - \$2,871,172 - 7 Units 5821,23,25,27,29,31 W Atlantic Place - \$2,490,485 - 6 Units 5832,34,36,38,40,42,44 W Atlantic Place - \$2,871,172 - 7 Units 5822,24,26,28,30,W Atlantic Place - \$1,472,401 - 5 Units 5702,04,06,08,10,12,14 W Atlantic Place - \$2,849,680 - 7 Units 5716,18,20,22,24,26,28 W Atlantic Place - \$2,849,680 - 7 Units 5730,32,34,36,38,40,42 W Atlantic Place - \$2,895,251 - 7 Units 5744,46,48,50 W Atlantic Place - \$1,633,790 - 4 Units 5752,54,56,58,60 W Atlantic Place - \$2,871,172 - 7 Units 5743,45,47,49,51,53,55 W Asbury Place - \$2,871,172 - 7 Units 5875,799,61,63,65,67,69 W Asbury Place - \$2,895,251 - 7 Units 5871,73,75,77 W Asbury Place - \$1,633,790 - 4 Units 5888,90,92,96,98 W Asbury Place - \$1,859,854 - 5 Units 5888,90,92,96,98 W Asbury Place - \$1,859,854 – 5 Units 5703,05,09,11 W Asbury Place - \$1,502,052 - 4 Units

5713,15,17,21,23 W Asbury Place - \$1,641,352 - 5 Units

AGENCY CUSTOMER ID: SUI	NPATL-01
LOC #:	



ADDITIONAL REMARKS SCHEDULE

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AGENCY CCIG POLICY NUMBER		NAMED INSURED Sunpointe at Lakewood Estates II Condominium Association, Inc c/o Precision Management PO Box 27054 Denver CO 80227
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
5725,27,31,33 W Asbury Place - \$1,509,216 - 4 Units 5735,37,39,41 W Asbury Place - \$1,246,536 - 4 Units 5880,82,84,86 W Asbury Place - \$1,513,196 - 4 Units 5870,72,76,78 W Asbury Place - \$1,484,540 - 4 Units 5858,60,62,66,68 W Asbury Place - \$1,861,645 - 5 Units 5858,60,62,66,68 W Asbury Place - \$1,893,286 - 5 Units 5846,48,50,54,56 W Asbury Place - \$1,502,052 - 4 Units 5762, 64,68,70 W Asbury Place - \$1,509,216 - 4 Units 5754,56,58,60 W Asbury Place - \$1,509,216 - 4 Units 5744,46,50,52 W Asbury Place - \$1,509,216 - 4 Units 5736,38,40,42 W Asbury Place - \$1,498,072 - 4 Units 5724,28,30,34 W Asbury Place - \$1,861,845 - 5 Units 5714,16,20,22 W Asbury Place - \$1,502,052 - 4 Units 5714,16,20,22 W Asbury Place (Clubhouse) - \$355,340 Total Buildings Limit - \$63,359,338
COVERAGE: Accident & Disability POLICY CARRIER: Federal Insurance Company POLICY NUMBER: 99071934 POLICY DATES: 6/30/2024 to 6/30/2025 COVERAGE LIMIT: \$25,000 DEDUCTIBLES: \$0
Cancellation – 10 days prior to cancellation date.