CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/6/2026

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).

PRODUCER CCIG 155 Inverness Drive West Englewood CO 80112 License#: 45339	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 303-799-0110 **FAX (A/C, No):** 303-799-0156 **E-MAIL ADDRESS:** certificate@thinkccig.com
INSURED SUNPATL-01 Sunpointe at Lakewood Estates II Condominium Association, Inc c/o Precision Management PO Box 27054 Lakewood CO 80227	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** United States Liability Ins Co — 25895 **INSURER B :** Pinnacol Assurance — 41190 **INSURER C :** Travelers Casualty and Surety — 31194 **INSURER D :** Spinnaker Insurance Company — 24376 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2147476043 **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	X **COMMERCIAL GENERAL LIABILITY** ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			NPP1633346B	6/30/2026	6/30/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Hired/Non-Owned Auto	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included $ Included
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
D	☐ **UMBRELLA LIAB** ☒ OCCUR ☒ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 0			PPP4004771L26A00	6/30/2026	6/30/2027	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		4115686	7/1/2026	7/1/2027	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C C	Crime/Fidelity/Emp Dis Directors & Officers			105948553 105948553	6/30/2026 6/30/2026	6/30/2027 6/30/2027	$900,000 Limit $1,000,000 Limit	$5,000 Deductible $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

Master Certificate
XXXXXXXXXXXXX
XXXXXXXXXXXXX XX XXXXX

CANCELLATION

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

ADDITIONAL REMARKS SCHEDULE

AGENCY CCIG	**NAMED INSURED** Sunpointe at Lakewood Estates II Condominium Association, Inc c/o Precision Management PO Box 27054 Lakewood CO 80227
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

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: Property
POLICY CARRIER: Certain Underwriters at Lloyds - AMR8850801
Indian Harbor Insurance Company - AMP754657802
Old Republic Union Insurance Company - ORAMPR02051902
GeoVera Specialty Insurance Company - GVS4322202
MS Transverse Specialty Insurance Company - TSAMPR001394702
Spinnaker Specialty Insurance Company - SPI2050302
Everest Indemnity Insurance Company - AMEI0032362402
Obsidian Specialty Insurance Company - RSCPR00000310501
Emerald Bay Specialty Insurance Company - AREBSCP250186601
Calais Reciprocal Insurance Exchange - CRI0483100
Southlake Specialty Insurance Company - SLS000484400
PartnerRE Insurance Solutions Bermuda Ltd - PAR000345200
Fortegra Specialty Insurance Company - FOA000272100
Canopius US Insurance, Inc. - CANQ000205100
Fireman's Fund Indemnity Corporation - FFIQ000205100
POLICY NUMBER: See Above
POLICY DATES: 6/30/2026 to 6/30/2027
COVERAGE LIMIT: $66,167,745
DEDUCTIBLE: $25,000
WIND/HAIL COVERAGE: Included
WIND/HAIL DEDUCTIBLE: 5% ($100,000 per occurrence minimum)
WIND DRIVEN PRECIP DEDUCTIBLE: 5% ($100,000 per occurrence minimum)

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.
Equipment Breakdown Included
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 can only be provided by the Unit Owner or the Community 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 own insurance agent to confirm coverages needed.

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 - $2,928,595 – 7 Units
5877,79,81,83,85 W Atlantic Place - $1,501,849 – 5 Units
5865,67,69,71,73,75 W Atlantic Place - $2,540,295 – 6 Units
5853,55,57,59,61.63 W Atlantic Place - $2,873,182 – 6 Units
5833,35,37,39,41,43,45 W Atlantic Place - $2,928,595 – 7 Units
5821,23,25,27,29,31 W Atlantic Place - $2,540,295 – 6 Units
5832,34,36,38,40,42,44 W Atlantic Place - $2,928,595 – 7 Units
5822,24,26,28,30 W Atlantic Place - $1,501,849 – 5 Units
5702,04,06,08,10,12,14 W Atlantic Place - $2,906,674 – 7 Units
5716,18,20,22,24,26,28 W Atlantic Place - $2,906,674 – 7 Units

ADDITIONAL REMARKS SCHEDULE

AGENCY CCIG	**NAMED INSURED** Sunpointe at Lakewood Estates II Condominium Association, Inc c/o Precision Management PO Box 27054 Lakewood CO 80227
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

5730,32,34,36,38,40,42 W Atlantic Place - $2,953,156 – 7 Units
5744,46,48,50 W Atlantic Place - $1,666,466 – 4 Units
5752,54,56,58,60 W Atlantic Place - $2,167,623 – 5 Units
5743,45,47,49,51,53,55 W Asbury Place - $2,928,595 – 7 Units
5857,59,61,63,65,67,69 W Asbury Place - $2,953,156 – 7 Units
5871,73,75,77 W Asbury Place - $1,666,466 – 4 Units
5888,90,92,96,98 W Asbury Place - $1,897,051 – 5 Units
5703,05,09,11 W Asbury Place - $1,532,093 – 4 Units
5713,15,17,21,23 W Asbury Place - $1,674,179 – 5 Units
5725,27,31,33 W Asbury Place - $1,539,400 – 4 Units
5735,37,39,41 W Asbury Place - $1,271,467 – 4 Units
5880,82,84,86 W Asbury Place - $1,543,460 – 4 Units
5870,72,76,78 W Asbury Place - $1,514,231 – 4 Units
5858,60,62,66,68 W Asbury Place - $1,898,878 – 5 Units
5846,48,50,54,56 W Asbury Place - $1,931,152 – 5 Units
5762, 64,68,70 W Asbury Place - $1,532,093 – 4 Units
5754,56,58,60 W Asbury Place - $1,539,400 – 4 Units
5744,46,50,52 W Asbury Place - $1,539,400 – 4 Units
5736,38,40,42 W Asbury Place - $1,528,033 – 4 Units
5724,28,30,34 W Asbury Place - $1,899,082 – 5 Units
5714,16,20,22 W Asbury Place - $1,532,093 – 4 Units
5885 W Asbury Place (Clubhouse) - $362,447
Total Buildings Limit - $64,626,525

COVERAGE: Accident & Disability
POLICY CARRIER: Federal Insurance Company
POLICY NUMBER: 99071934
POLICY DATES: 6/30/2026 to 6/30/2027
COVERAGE LIMIT: $25,000
DEDUCTIBLES: $0

Cancellation – 10 days prior to cancellation date.