

C1AWRAY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/14/2020

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 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)

ting certificate acception of content rights to the certificate floract in field of sa	on chaorsement(s).			
PRODUCER	CONTACT NAME:			
AssuredPartners 4582 S. Ulster Street Suite 600	PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No):			
Denver, CO 80237	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A: Owners Insurance Co	32700		
INSURED	INSURER B: Greenwich Insurance Company	22322		
Tallyn's Reach Master Association, Inc.	INSURER C : Pennsylvania Manufacturers' Association Insurance Company	12262		
c/o Colorado Property Management Specialists, Inc. 19751 E. Mainstreet, Suite 275	INSURER D : Travelers Casualty & Surety Co of America	31194		
Parker, CO 80138	INSURER E:			
	INSURER F:			
COVERAGES CERTIFICATE NUMBER:	DEVISION NUMBED:			

CERTIFICATE 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	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
Α	Х	COMMERCIAL GENERAL LIABILITY					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			74524858-20	7/15/2020	7/15/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	AU1	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO			74524858-20	7/15/2020	7/15/2021	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		76.00 6.12.							\$	
В	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	5,000,000
		EXCESS LIAB CLAIMS-MADE			TBD	7/15/2020	7/15/2021	AGGREGATE	\$	
		DED X RETENTION \$ 0							\$	5,000,000
С	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N		2020010799015Y	7/15/2020	7/15/2021	E.L. EACH ACCIDENT	\$	1,000,000
	(Mar	CER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	Cri	ne			105942793	7/15/2019	7/15/2022	Deductible \$2,500		250,000
D	Dire	ectors & Officers			106566101	7/15/2020	7/15/2021	Deductible \$2,500		1,000,000

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

CERTIFICATE HOLDER	CANCELLATION
Informational 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.
	AUTHORIZED REPRESENTATIVE
	D-

ACORD 25 (2016/03)

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED		
AssuredPartners		Tallyn's Reach Master Association, Inc. c/o Colorado Property Management Specialists, Inc.		
POLICY NUMBER		19751 E. Mainstreet, Suite 275 Parker. CO 80138		
SEE PAGE 1		rainer, CO 00130		
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

No Property Coverage Applies

Severability of Interest is Included Waiver of Subrogation applies

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION OR POOLED PROGRAM

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

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

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

Insurance is for General Liability for the Association's common areas only. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO6 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details