



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

April 4, 2017

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.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 315 Dallas, TX 75205	CONTACT AIAI NAME: PHONE: (866) 384-8579 FAX: <small>(A/C, No, Ext):</small> <small>(A/C, No):</small> E-MAIL ADDRESS: PRODUCER CUSTOMER ID: 00003921
INSURED Nelson Farm aka Southmoor Village East c/o Colorado Association Services, Inc. 14142 Denver West Parkway, Suite 350 Lakewood CO 80401	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company INSURER B: Columbia Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES
REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

TOTAL # OF UNITS: 378

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY				<input checked="" type="checkbox"/> BUILDING	\$ 630171
	CAUSES OF LOSS	DEDUCTIBLES			PERSONAL	\$
	BASIC	BUILDING			PROPERTY	\$ Included
	BROAD	CONTENTS			BUSINESS INCOME	\$ Included
	<input checked="" type="checkbox"/> SPECIAL		TBD	04/01/2017	EXTRA EXPENSE	\$
	EARTHQUAKE			04/01/2018	RENTAL VALUE	\$
	WIND				BLANKET PERS	\$
	FLOOD				BLDG & PP	\$
	<input checked="" type="checkbox"/> FROZEN PIPE	1000			WIND/HAIL DED.	\$
					Standard Ded.	\$ 10000
					\$ 1000	
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
B	<input checked="" type="checkbox"/> CRIME	738540-17	04/01/2017	04/01/2018	<input checked="" type="checkbox"/> Employee Theft Deductible	\$ 150000
	TYPE OF POLICY				<input checked="" type="checkbox"/>	\$ 1000
	Crime					\$
	BOILER & MACHINERY					\$
	EQUIPMENT BREAKDOWN					\$
						\$\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

In the event of a total loss the Property Policy is 100% Replacement Cost if replaced, otherwise Actual Cash Value. In no event shall the limit exceed the Total Insured Value if partial loss is sustained.

CERTIFICATE HOLDER
CANCELLATION

INSURANCE VERIFICATION	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 Dana Hodge <i>Dana Rawley Hodge</i>

ACORD 24 (2009/09)

INS024 (200909)

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COMMENTS/REMARKS

The certificate holder, if a mortgagee or lienholder, is a loss payee as their interest may appear as respects Property Coverage.

If crime coverage is purchased by the association, the management company is an additional insured with respects to the crimepolicy.



CERTIFICATE OF LIABILITY INSURANCE

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April 4, 2017

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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 Associations Insurance Agency, Inc. 5401 N Central Expressway Suite 315 Dallas, TX 75205	CONTACT NAME: AIAI PHONE: (866) 384-8579 FAX: (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Company INSURER B : Columbia Casualty Company INSURER C : Philadelphia Insurance Company INSURER D : INSURER E : INSURER F :
INSURED Nelson Farm aka Southmoor Village East c/o Colorado Association Services, Inc. 14142 Denver West Parkway, Suite 350 Lakewood CO 80401	

COVERAGES **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Severability of interest GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY PROJECT- <input checked="" type="checkbox"/> <input type="checkbox"/> Occurrence <input type="checkbox"/> OTHER:			TBD	04/01/2017	04/01/2018	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1000000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$2000000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			TBD	04/01/2017	04/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			TBD	04/01/2017	04/01/2018	EACH OCCURRENCE \$5000000 AGGREGATE \$5000000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	DIRECTORS & OFFICERS			738540-17	04/01/2017	04/01/2018	LIMIT 1000000 DEDUCTIBLE 1000

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

CERTIFICATE HOLDER **CANCELLATION**

INSURANCE VERIFICATION	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;">Dana Hodge <i>Dana Rawley Hodge</i></p>
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COMMENTS/REMARKS