



CERTIFICATE OF LIABILITY INSURANCE

JENNIFERD

DATE (MM/DD/YYYY) 1/15/2019

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		CONTACT Jennifer Donohue				
Forsberg Engerman Company an affiliate of Mountain West Insurance & Financial Services, LLC 3575 S Sherman Street Englewood, CO 80113		PHONE (A/C, No, Ext): (303) 762-1717 107 FAX (A/C, No): (303) 762-1733				
		E-MAIL ADDRESS: jennifer@forsberg-engerman.com				
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A : Cincinnati Insurance Company	10677			
INSURED		INSURER B : Pinnacol Assurance	41190			
Master Communit	ty Association Inc	INSURER C:				
7350 E 29th Ave U		INSURER D :				
Denver, CO 80238	3-2/22	INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INS	INSR LTR TYPE OF INSURANCE		ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			ENP 0158265	1/1/2019	1/1/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	A AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO				ENP 0158265	1/1/2019	1/1/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
Α		UMBRELLA LIAB X OCCUR				1/1/2019	1/1/2020	EACH OCCURRENCE	\$	3,000,000
	X	EXCESS LIAB CLAIMS-MADE			ENP 0158265			AGGREGATE	\$	3,000,000
		DED RETENTION \$							\$	
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							X PER OTH-ER		
			N/A		4115671	6/1/2018	6/1/2019	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Α	A D&O/EPLI/Crime				EMO 418690	1/1/2019	1/1/2020			1,000,000
Α	A Property/420,000				ENP 0158265	1/1/2019	1/1/2020	BPP/		2,075,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This certificate includes property coverage specifically for the main office, the swimming pools (Aviator, Puddle Jumper, F-15, Jet Stream, Runway 35, and Maverick pools) and the parks adjacent to the pools (at replacement cost). \$1,000 Deductible.

** We do not insure the homes, the property the homes are on, or common areas related to the homes. We also do not provide homeowners insurance policies.** For any common area coverage, individual unit owner, or homeowner coverage for financing or refinancing, please see the sub-associations. Please contact the appropriate association that corresponds to your customer's community.

CERTIFICATE HOLDER	CANCELLATION					
Master Community Association Inc. 7350 E. 29th Avenue, Suite 300 Denver, CO 80238-2722	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Bonvon, 00 00200 2722	AUTHORIZED REPRESENTATIVE					
	Poris @ Moures					