



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2020

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 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).

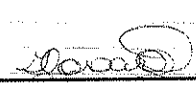
PRODUCER Parker-Douglas Insurance, Inc. 400 S Colorado Blvd Ste 390 Denver CO 80246	CONTACT NAME: Gina Corsaro PHONE (A/C, No, Ext): (303) 471-5646 FAX (A/C, No): (303) 346-6195 E-MAIL ADDRESS: gina@parkerdouglas.insure
	INSURER(S) AFFORDING COVERAGE INSURER A: AmGUARD Insurance Company INSURER B: Great American Alliance Insurance Company INSURER C: Travelers Casualty & Surety Company of America INSURER D: INSURER E: INSURER F:
INSURED Wind Stream Condominium Association Inc c/o Western States Property Services 9145 E Kenyon Rd Ste 100 Denver CO 80237	

COVERAGES **CERTIFICATE NUMBER:** 20/21 Liab 20/21 D&O **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WIBP128245	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			WIBP128245	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM30195015	07/01/2020	07/01/2021	EACH OCCURRENCE	\$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
C	Directors & Officers			106762032	05/31/2020	05/31/2021	Limit of Liability	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Associations Master Insurance Policy Certificate
Unit Owner(s):
Location:
Loan Number:

CERTIFICATE HOLDER FOR INFORMATIONAL PURPOSES ONLY	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 



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

9/25/2020

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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 Parker-Douglas Insurance, Inc. 400 S Colorado Blvd Ste 390 Denver CO 80246	CONTACT NAME: Gina Corsaro PHONE (A/C No, Ext): (303) 471-5646 E-MAIL ADDRESS: gina@parkerdouglas.insure PRODUCER CUSTOMER ID: 00003720		FAX (A/C, No): (303) 346-6195
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Wind Stream Condominium Association Inc c/o Western States Property Services 9145 E Kenyon Rd Ste 100 Denver CO 80237	INSURER A: AmGUARD Insurance Company		42390
	INSURER B: Travelers Casualty & Surety Company of		31194
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 20/21 prop 20/21 Crime **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Property Management company is included under the fidelity coverage/Separation of Insureds is included in the General Liability coverage ****Unit Owner Should carry HO-6 10 day NOC applies; 4% Inflation Guard

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INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	CAUSES OF LOSS	DEDUCTIBLES					
A	<input checked="" type="checkbox"/>	PROPERTY	WIBP128245	7/1/2020	7/1/2021	BUILDING	\$
						PERSONAL PROPERTY	\$
		BASIC				BUSINESS INCOME	\$
		BROAD				EXTRA EXPENSE	\$
						RENTAL VALUE	\$
		SPECIAL				- Replacement Cost	
		EARTHQUAKE				- 40 Bldgs 234 Units	
		WIND				- 130% Margin Clause	
					<input checked="" type="checkbox"/>	BLANKET BUILDING	\$ 50,767,327
						BLANKET PERS PROP	\$
						BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/>	Ordinance/Law Cov A	\$ 50,767,327
					<input checked="" type="checkbox"/>	Ordinance/Law Cov B&C	\$ 50,000
	INLAND MARINE		TYPE OF POLICY				\$
	CAUSES OF LOSS		POLICY NUMBER				\$
	NAMED PERILS						\$
B	<input checked="" type="checkbox"/>	CRIME	106762032	5/31/2020	5/31/2021		\$ 700,000
							\$
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	WIBP128245	7/1/2020	7/1/2021		\$ Included
							\$
							\$

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

Associations Master Insurance Policy Certificate

Unit Owner(s):

Location:

Loan Number:

CERTIFICATE HOLDER

CANCELLATION

FOR INFORMATIONAL PURPOSES ONLY

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

Gina Corsaro/GC