



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)
1/14/2019

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.

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: Chris O'Brien	
	PHONE (A/C, No, Ext): (303) 471-5646	FAX (A/C, No): (303) 346-6195
E-MAIL ADDRESS: chris.obrien@parker-douglas.com		
PRODUCER CUSTOMER ID: 00003720		
INSURER(S) AFFORDING COVERAGE		NAIC #
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:** 18/19 Prop 18/19 Crime **REVISION NUMBER:**

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

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 type="checkbox"/>	PROPERTY	WIBP976477	7/1/2018	7/1/2019	<input type="checkbox"/>	BUILDING	\$
	<input type="checkbox"/>	CAUSES OF LOSS				<input type="checkbox"/>	PERSONAL PROPERTY	\$
	<input type="checkbox"/>	BASIC				<input type="checkbox"/>	BUSINESS INCOME	\$
	<input type="checkbox"/>	BROAD				<input type="checkbox"/>	EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/>	SPECIAL				<input type="checkbox"/>	RENTAL VALUE	\$
	<input type="checkbox"/>	EARTHQUAKE				<input checked="" type="checkbox"/>	BLANKET BUILDING	\$ 40,068,660
	<input checked="" type="checkbox"/>	WIND				<input type="checkbox"/>	BLANKET PERS PROP	\$
	<input type="checkbox"/>	FLOOD				<input type="checkbox"/>	BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/>	ORD OR LAW COVA	\$ 40,068,660	
					<input checked="" type="checkbox"/>	ORD OR LAW COVB&C	\$ 50,000	
	INLAND MARINE	TYPE OF POLICY					\$	
	CAUSES OF LOSS	POLICY NUMBER					\$	
	NAMED PERILS						\$	
B	<input checked="" type="checkbox"/>	CRIME	106762032	5/31/2018	5/31/2019		\$ 500,000	
		TYPE OF POLICY					\$	
A	<input checked="" type="checkbox"/>	BOILER & MACHINERY / EQUIPMENT BREAKDOWN	WIBP976477	7/1/2018	7/1/2019		\$ <u>Included</u>	
							\$	
							\$	

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 Chris O'Brien/GC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/14/2019

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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: Chris O'Brien PHONE (A/C, No, Ext): (303) 471-5646 E-MAIL ADDRESS: chris.obrien@parker-douglas.com	FAX (A/C, No): (303) 346-6195
	INSURER(S) AFFORDING COVERAGE	
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 NAIC # 42390	
	INSURER B: Federal Insurance Co. 20281	
	INSURER C: Travelers Casualty & Surety Company of America 31194	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 18/19 GL 18/19 DO Master **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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:			WIBP976477	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/POP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			WIBP976477	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			G30303635-002	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	DIRECTORS AND OFFICERS			106762032	05/31/2018	05/31/2019	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