



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/8/2020

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 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).

|                          |  |   |                                    |
|--------------------------|--|---|------------------------------------|
| <b>PRODUCER</b>          |  | <b>CONTACT NAME:</b> Certificate                                    |                                    |
| Schad Agency             |  | <b>PHONE (A/C, No, Ext):</b> 303-661-0083                           | <b>FAX (A/C, No):</b> 303-661-0085 |
| 433 Summit Blvd Unit 101 |  | <b>E-MAIL ADDRESS:</b> Certificate@schadagency.com                  |                                    |
| Broomfield CO 80021      |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                |                                    |
|                          |  | <b>INSURER A:</b> Farmers Insurance - Mid Century Insurance Company | <b>NAIC #</b> 21687                |
| <b>INSURED</b>           |  | <b>INSURER B:</b> Great American                                    | 16691                              |
| Golden Bear Condominium  |  | <b>INSURER C:</b> Pennsylvania Manufacturer's Association Insurance | 12262                              |
| c/o Foster Management    |  | <b>INSURER D:</b>   |                                    |
| 700 Ken Pratt Blvd #111  |  | <b>INSURER E:</b>   |                                    |
| Longmont CO 80501        |  | <b>INSURER F:</b>   |                                    |

**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.

| 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | 606286276      | 6/24/2020               | 6/24/2021               | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   | Y         |          | 606286276      | 6/24/2020               | 6/24/2021               | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  | Y         |          | UM2664599      | 6/24/2020               | 6/24/2021               | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000  |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | 2019010823740Y | 11/1/2019               | 11/1/2020               | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| A        | Directors and Officers   |           |          | 606286276      | 6/24/2020               | 6/24/2021               | Limit: \$2,000,000  |
| A        | Fidelity   |           |          | 606286276      | 6/24/2020               | 6/24/2021               | Limit: \$550,000  |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                   |  |
|-------------------|--|
| Foster Management | 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<br><i>Devon Schad</i>  |

© 1988-2014 ACORD CORPORATION. All rights reserved.



## ADDITIONAL REMARKS SCHEDULE

|                               |                  |  |  |
|-------------------------------|------------------|--|--|
| <b>AGENCY</b><br>Schad Agency |                  | <b>NAMED INSURED</b><br>Golden Bear Condominium<br>c/o Foster Management<br>700 Ken Pratt Blvd #111<br>Longmont, CO, 80501 |  |
| <b>POLICY NUMBER</b>          |                  | <b>EFFECTIVE DATE:</b>   |  |
| <b>CARRIER</b>                | <b>NAIC CODE</b> | Longmont, CO, 80501  |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25      **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

A: Property Information  
 CARRIER: Farmers Insurance  
 EFFECTIVE: 06/24/2020-21  
 POLICY: 606286276  
 LIMIT: \$ 20,130,300  
 125% extended replacement coverage.  
 DEDUCTIBLE: \$5,000  
 WIND & HAIL DEDUCTIBLE: 5%  
 # OF UNITS: 116  
 # OF BUILDINGS: 23  
 SEVERABILITY OF INTEREST INCLUDED  
 ORDINANCE AND LAW INCLUDED

FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS. BARE WALLS COVERAGE.