

CERTIFICATE OF LIABILITY INSURANCE

C1VPERRENOUD

GENEFOU-02

DATE (MM/DD/YYYY) 3/2/2022

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 NAME:				
AssuredPartners 4582 S. Ulster Street Suite 600 Denver, CO 80237						PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No): E-MAIL ADDRESS:					
											INSURER(S) AFFORDING COVERAGE NAIC #
						INSURE			ance Company	12203	
						INSURED					
		Genesee Foundation					INSURER C : Pinnacol Assurance				
		24425 Currant Drive				INSURER D : Travelers Casualty & Surety Co of America				31194	
		Golden, CO 80401				INSURER E :					
						INSURER F :					
co	VEF	RAGES CEF	RTIFI	CATE	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	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
		CLAIMS-MADE X OCCUR			001279870		3/11/2022	3/11/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000	
									MED EXP (Any one person) \$	0	
									PERSONAL & ADV INJURY \$	1,000,000	
	-	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
Α									COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
		ANY AUTO			001279870		3/11/2022	3/11/2023	BODILY INJURY (Per person) \$		
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	X								PROPERTY DAMAGE (Per accident) \$		
									\$		
В		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE \$	15,000,000	
	X	EXCESS LIAB CLAIMS-MADE			PPP746966		3/11/2022	3/11/2023	AGGREGATE \$		
	DED X RETENTION \$								Aggregate \$	15,000,000	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			4230030			5/1/2021	5/1/2022	PER X OTH- STATUTE K ER		
									E.L. EACH ACCIDENT \$	1,000,000	
	(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	
D	Cri	ime			106067151		3/11/2020	3/11/2023	\$22,250 Deductible	2,250,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PLEASE NOTE: This property DOES NOT insure any individual residential homes or units. Coverage under this Property policy is provided for the HOA owned COMMON AREAS ONLY. An individual Homeowners policy will be required for all owners within this association.											
CE	CERTIFICATE HOLDER CANCELLATION										
Informational Certificate							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				