



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2020

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).

PRODUCER		CONTACT NAME: CERTIFICATE	
Schad Agency 433 Summit Blvd Unit 101		PHONE (A/C, No, Ext): 303-661-0083	FAX (A/C, No): 303-661-0085
Broomfield CO 80021		E-MAIL ADDRESS: certificate@schadagency.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Indian Peaks Filing 15 C/O Foster Management 700 Ken Pratt Blvd Suite 111 Longmont CO 80501		INSURER A: Farmers Insurance Exchange	NAIC # 21652
		INSURER B: Farmers Insurance - Truck Insurance Exchange	21709
		INSURER C:	
		INSURER D:	
		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.

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		606646185	1/23/2020	1/23/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 75,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y		606646189	1/23/2020	1/23/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Directors and Officers			606646185	1/23/2020	1/23/2021	Limit: \$2,000,000
A	Fidelity			606646185	1/23/2020	1/23/2021	Limit: \$500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Foster Management 700 Ken Pratt Blvd, Suite 111 Longmont CO 80501	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 <i>Devon Schad</i>
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ADDITIONAL REMARKS SCHEDULE

AGENCY Schad Agency		NAMED INSURED Indian Peaks Filing 15 C/O Foster Management 700 Ken Pratt Blvd Suite 111 Longmont, CO, 80501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE	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: 1/23/2020 TO 1/23/2021
 POLICY: 606646185
 LIMIT: \$9,972,400
 DEDUCTIBLE: \$5000
 WIND & HAIL DEDUCTIBLE: 5%
 # OF UNITS: 31
 # OF BUILDINGS: 7
 125% EXTENDED REPLACEMENT
 SEVERABILITY OF INTEREST INCLUDED
 ORDINANCE AND LAW INCLUDED
 EQUIPMENT BREAKDOWN INCLUDED
 SPECIAL FORM
 10 DAYS NOTICE OF CANCELLATION

FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS. ALL- INCLUSIVE COVERAGE.