## VSULLIVAN



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2019

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.

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).

	is certificate does not comer rights t	o tile	Certi	incate noider in ned or st			•					
PRODUCER						CONTACT NAME:						
Г. Charles Wilson Insurance Service 384 Inverness Parkway Suite 170					PHONE (A/C, No, Ext): (303) 368-5757 FAX (A/C, No): (303) 368-5863							
Englewood, CO 80112						E-MAIL ADDRESS: info@wilsonins.com						
						INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A : Philadelphia Insurance Co.					084	
Homestead in the Willows Homeowners Association 5896 E. Geddes Ave. 5896 E. Geddes Ave. Centennial, CO 80112						INSURER B : Pinnacol Assurance					41190	
						ER C:	<u> </u>				11100	
											1	
						ER D :						
						ER E :						
						ERF:						
				E NUMBER:			TO THE INIOH	REVISION NUME		.E. D.C	NIOV PEDIOD	
IN	HIS IS TO CERTIFY THAT THE POLICII DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY	EQUI	REME	ENT, TERM OR CONDITIO	N OF A	ANY CONTRA	CT OR OTHER	R DOCUMENT WITH	RESPE	CT TO	O WHICH THIS	
E. NSR	KCLUSIONS AND CONDITIONS OF SUCH	BEEN REDUCED BY PAID CLAIMS.    POLICY EFF   POLICY EXP										
LTR.	TYPE OF INSURANCE	ADDL SUE	WVD	POLICY NUMBER	(MM/DD/YYYY)		(MM/DD/YYYY)	LIMITS		4 000 000		
Α	X COMMERCIAL GENERAL LIABILITY		I			2/15/2018	2/15/2019	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			PHPK1778496				DAMAGE TO RENTED PREMISES (Ea occurr	ence)	\$	100,000	
								MED EXP (Any one pe	rson)	\$	5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRODUCT LOC  OTHER:							PERSONAL & ADV IN	JURY	\$	1,000,000	
								GENERAL AGGREGA	TE	\$	2,000,000	
								PRODUCTS - COMP/0	OP AGG	\$	2,000,000	
										\$		
Α	AUTOMOBILE LIABILITY  ANY AUTO			PHPK1778496		2/15/2018	2/15/2019	COMBINED SINGLE L (Ea accident)	IMIT	\$	1,000,000	
								BODILY INJURY (Per	person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$			
	ACTOS GNET						(i di dedident)		\$ \$			
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		\$ \$	15,000,000	
	X EXCESS LIAB CLAIMS-MADE	1		PHUB618058		2/15/2018	2/15/2019	AGGREGATE		\$ \$	15,000,000	
	DED X RETENTION\$ 10,000							AGGILGATE		\$ \$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				5/1/20		5/1/2019	X PER STATUTE	OTH- ER	Ψ		
				892312		5/1/2018				\$	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT		•	500,000	
	If yes, describe under							E.L. DISEASE - EA EN			500,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$		
		. = 0 //										
or	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC nsurance Verification Purposes Only	LES (A	ACORL	J 101, Additional Remarks Schedi	ule, may t	e attached if moi	e space is requii	red)				
CE	RTIFICATE HOLDER				CAN	CELLATION						
						NIII D ANN 07:	THE ABOVE 5	E00DIDED DO: /2:-	-0 DE 0 :	NO.	LED DEFORE	
								ESCRIBED POLICIE IEREOF, NOTICE			-	
	Homestead in the Willows H	ome	owne	ers Association	ACC	CORDANCE WI	TH THE POLIC	Y PROVISIONS.	- <b>-</b>			

Centennial, CO 80112

**AUTHORIZED REPRESENTATIVE**