

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YY) 10/27/2016
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PRODUCER <b>ANDERSON-BAN INSURANCE, INC.</b> 7505 VILLAGE SQ. DR. SUITE 203 CASTLE ROCK, CO. 80108	Serial # B8948	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>
<b>INSURERS AFFORDING COVERAGE</b>		
INSURED	GLENEAGLES VILLAGE HOA, INC. C/O ADVANCE HOA MANAGEMENT, INC. 7000 E. BELLEVIEW STE. 320 GREENWOOD VILLAGE, CO 80111	INSURER A: NAUTILUS INSURANCE CO INSURER B: GREENWICH INSURANCE CO INSURER C: TRAVELERS INSURANCE CO INSURER D: INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	395745823	11/01/16	11/01/17	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					DEDUCTIBLE	\$ 1,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				
A	<b>AUTOMOBILE LIABILITY</b>	395745823	11/01/16	11/01/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
<b>GARAGE LIABILITY</b>						
<input type="checkbox"/> ANY AUTO					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
B	<b>EXCESS LIABILITY</b>	PPP744000003	11/01/16	11/01/17	EACH OCCURRENCE	\$ 25,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 25,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 0					\$
						\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
					WC STATU-TORY LIMITS	\$
					OTH-ER	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
C	<b>OTHER</b>	660-90182012	11/01/16	11/01/17	BLDG \$91,001,042 LIMIT \$5,000 DED;	
	<b>PROPERTY</b>				\$1,000,000 D&O \$1,000 DED;	
C	<b>D&amp;O / FIDELITY</b>	106019945 / 106013076	11/01/16	11/01/17	\$1,400,000 FIDELITY	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 345 UNITS / 305 BUILDINGS  
 WIND/HAIL DEDUCTIBLE 3% PER OCC / EQUIP BREAKDOWN INCLUDED  
 100% REPLACEMENT COST / ORDINANCE OR LAW INCLUDED

THE FIDELITY POLICY COVERS PROPERTY MGMT CO, BOARD MEMBERS, VOLUNTEERS AND ALL OTHER EMPLOYEES

<b>CERTIFICATE HOLDER</b>	ADDITIONAL INSURED; INSURER LETTER:	<b>CANCELLATION</b>
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE  <div style="text-align: right;">MIKE SPANBAUER</div>