CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/28/2024

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

Schad Agency
433 Summit Blvd Unit 101
Broomfield CO 80021

CONTACT NAME: Certificate Department
PHONE (A/C, No, Ext): 303-661-0083 **FAX (A/C, No):** 303-661-0085
E-MAIL ADDRESS: certificate@schadagency.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	USLI	25895
INSURER B :	Allied World Insurance Company	22730
INSURER C :	Pennsylvania Manufacturer's Association Insurance	12262
INSURER D :	Great American	16691
INSURER E :	Travelers	
INSURER F :	Transverse Specialty Insurance Company	41807

INSURED

Jasmine Estates Homeowners Association, Inc.
C/O Homestead Management
1499 W 121ST AVE STE 100
Westminster 80234-3513

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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		NPP1592686C	11/16/2023	11/16/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			NPP1592686C	11/16/2023	11/16/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			0313-5686-2103749	11/16/2023	11/16/2024	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		2023011044700Y	11/16/2023	11/16/2024	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Fidelity	Y		SSA392567408186-05	11/16/2023	11/16/2024	Limit: $750,000	
D	Directors & Officers	Y		EPPE296248-05	11/16/2023	11/16/2024	Limit: $1,000,000	

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

CERTIFICATE HOLDER

Homestead Management Corp
1499 W. 121st St Suite 100
Westminster CO 80234

CANCELLATION

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

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Schad Agency		Jasmine Estates Homeowners Association, Inc. C/O Homestead Management 1499 W 121ST AVE STE 100 Westminster, 80234-3513
POLICY NUMBER		
NPP1592686C		
CARRIER	NAIC CODE	
USLI	25895	EFFECTIVE DATE: 11/16/2023

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

D: Property Information
CARRIER: Transverse Specialty Insurance Company A - VIII
EFFECTIVE: 11/16/2023 - 11/16/2024
POLICY: TSLUPR1000305-00
LIMIT: $32,113,461
DEDUCTIBLE: $25,000
WATER DAMAGE DEDUCTIBLE: $25,000
WIND & HAIL DEDUCTIBLE: 5% TIV
ROOF: REPLACEMENT COST
OF UNITS: 181
OF BUILDINGS: 30
100% REPLACEMENT COST UP TO LIMIT ABOVE
SEVERABILITY OF INTEREST INCLUDED
ORDINANCE AND LAW INCLUDED
EQUIPMENT BREAKDOWN INCLUDED
SPECIAL FORM

FIDELITY POLICY INCLUDES PROPERTY MANAGEMENT COMPANY

POLICY WRITTEN IN CONFORMITY WITH ASSOCIATION DECLARATIONS ARTICLE 9.5. PLEASE REVIEW ASSOCIATIONS GOVERNING DOCUMENTS FOR DETAILS. The policy is written in conformity with the Covenant, Conditions & Restrictions as bare-walls.