

ACORD™ EVIDENCE OF COMMERCIAL PROPERTY INSURANCEDATE (MM/DD/YYYY)
01/17/2017

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Propel Insurance Seattle Commercial Insurance 925 4th Ave, Suite 3200 Seattle, WA 98104	PHONE (A/C. No., Ext): 206 676-4200	COMPANY NAME AND ADDRESS Seneca Insurance Company Inc. 160 Water Street New York, NY 10038	NAIC NO: 10936
FAX (A/C. No.): 866 577-1326	E-MAIL ADDRESS: Priscilla.Moore@propelinsurance.com	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:	POLICY TYPE Property	
AGENCY CUSTOMER ID #: 172181	NAMED INSURED AND ADDRESS Second Jefferson Green HOA C/O IPM Residential, LLC 8137 Zang St. Arvada, CO 80005	LOAN NUMBER 8000334440	POLICY NUMBER SSP1901375
ADDITIONAL NAMED INSURED(S)		EFFECTIVE DATE 12/15/2016	EXPIRATION DATE 12/15/2017
		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (Use REMARKS on Page 2, if more space is required) **BUILDING OR** **BUSINESS PERSONAL PROPERTY**

LOCATION/DESCRIPTION
Location #: **1 3355 S. Flower Street & 3325 S. Garrison St. Lakewood, CO 80027**
Building #: **1 Second Jefferson Green**

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 29,114,480			Building	DED: \$5,000
	YES	NO	N/A	
<input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>		If YES, LIMIT: Actual Loss Sustained; # of months
BLANKET COVERAGE		<input checked="" type="checkbox"/>		If YES, indicate value(s) reported on property identified above: \$ 29,114,480
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?			<input checked="" type="checkbox"/>	
IS DOMESTIC TERRORISM EXCLUDED?			<input checked="" type="checkbox"/>	
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FUNGUS EXCLUSION (IF "YES", specify organization's form used)	<input checked="" type="checkbox"/>			
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE	<input checked="" type="checkbox"/>			Building
COINSURANCE		<input checked="" type="checkbox"/>		If Yes, %
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT: \$29,114,480 DED: 100,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Demolition Costs		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND/HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS				
Sewer Drain or Sump Overflow				100,000 each building

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.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE	CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input checked="" type="checkbox"/> LENDERS LOSS PAYABLE <input checked="" type="checkbox"/> See Remarks		
NAME AND ADDRESS PNC Mortgagee NA; ISAOA, ATIMA PO Box 7433 Springfield, OH 45501		AUTHORIZED REPRESENTATIVE <i>U. Hewitt</i>

***** Commercial Property Location Specific Coverages *****

Amount of Insurance: 29,114,480
Subject of Insurance: Building
Valuation: Replacement Cost Agreed Amount: Yes
Deductible: \$5,000

******* Additional Interests *******

Additional Interest# 2
PNC Mortgagee NA; ISAOA, ATIMA
PO Box 7433
Springfield, OH 45501
Interest Nature: MY - Mortgagee & Lenders Loss Payable

******Blanket Coverage Information******

Blanket #1 Building Amt: 29,114,480 Ded: \$25,000
Cause of Loss: Special
Valuation: Replacement Cost
Agreed Amount Applies