



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
3/13/2023

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 <b>Synergy Insurance Advisors 10800 E Geddes Ave., Ste 120 Englewood, CO 80112</b>	PHONE (A/C, No, Ext): <b>(303) 495-2900</b>	COMPANY NAME AND ADDRESS <b>The Travelers Property Casualty Insurance Company of America</b>	NAIC NO:
Contact name: <b>Service</b>		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
FAX (A/C, No):	E-MAIL ADDRESS: <b>info@synergyinsadvisors.com</b>		
CODE:	SUB CODE:	POLICY TYPE <b>Commercial Package</b>	
AGENCY CUSTOMER ID #: <b>SECOJEF-01</b>			
NAMED INSURED AND ADDRESS <b>Second Jefferson Green HOA C/O IPM Residential, LLC 8137 Zang St. Arvada, CO 80005</b>	LOAN NUMBER <b>00000000</b>	POLICY NUMBER <b>6809H963553</b>	
	EFFECTIVE DATE <b>12/15/2022</b>	EXPIRATION DATE <b>12/15/2023</b>	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)	THIS REPLACES PRIOR EVIDENCE DATED:		

**PROPERTY INFORMATION** (ACORD 101 may be attached if more space is required)  **BUILDING** OR  **BUSINESS PERSONAL PROPERTY**

LOCATION / DESCRIPTION  
**Loc # 0, Bldg # 0 3355 S. FLOWER STREET & 3325 S. GARRISON ST. LAKEWOOD, CO 80227  
SEE ATTACHED ACORD 101**

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.

<b>COVERAGE INFORMATION</b>	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: <b>\$ 30,279,059</b>					DED: <b>5,000</b>
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: <b>12</b>	
BLANKET COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, indicate value(s) reported on property identified above: \$ <b>30,279,059</b>	
TERRORISM COVERAGE				Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?					
IS DOMESTIC TERRORISM EXCLUDED?					
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, LIMIT: <b>15,000</b>	DED: <b>5,000</b>
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
REPLACEMENT COST	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
AGREED VALUE			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
COINSURANCE			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, LIMIT:	DED: <b>5,000</b>
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, LIMIT: <b>25,000</b>	DED: <b>5,000</b>
- Demolition Costs	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, LIMIT: <b>25,000</b>	DED: <b>5,000</b>
- Incr. Cost of Construction	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			If YES, LIMIT: <b>25,000</b>	DED: <b>5,000</b>
EARTH MOVEMENT (If Applicable)				If YES, LIMIT:	DED:
FLOOD (If Applicable)				If YES, LIMIT:	DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT:	DED: <b>5</b>
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				

**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.

CONTRACT OF SALE	LENDER'S LOSS PAYABLE	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE			
NAME AND ADDRESS <b>Second Jefferson Green HOA 8137 Zang Street</b>			AUTHORIZED REPRESENTATIVE 

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>Synergy Insurance Advisors</b>		NAMED INSURED <b>Second Jefferson Green HOA C/O IPM Residential, LLC 8137 Zang St. Arvada, CO 80005</b>	
POLICY NUMBER <b>6809H963553</b>		EFFECTIVE DATE: <b>12/15/2022</b>	
CARRIER <b>The Travelers Property Casualty Insurance Company o</b>	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

**Property Information:**

Loc # 1, Bldg # 1, 3355 S. Flower Street, Lakewood, CO 80227, 42 - 4 Unit Buildings

**Remarks:**

Unit Owner Name  
 Unit Owner Address  
 Lakewood, CO. 80227

County: Jefferson

Loan# 00000000