VERSA-2

OP ID: E1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/14

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 Brown & Brown of Colorado, Inc							
	1660 S. Albion Street #525		PHONE FAX (A/C, No, Ext): (A/C, No):				
Denver, Co Jason Sart			E-MAIL ADDRESS:				
Jason Sartor			INSURER(S) AFF	ORDING COVERAGE	NAIC #		
			INSURER A : SENECA INSURANCE CO)	10936		
INSURED	Versailles Condo Association		INSURER B : Great American Insuranc	e Co.	16691		
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :				
	Denver, CO 80224		INSURER D :				
			INSURER E :				
			INSURER F:				
001/504		.ED		DEVIOLON NUMBER			

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 IN	NSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	GEN	IERAL LIABILITY				1112				EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GEI	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	Χ	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO									BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
•		•										,,

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Per policy terms, conditions and exclusions. American Southwest Mortgage
Corp ISAOA is a mortgagee for a specific owner and unit only.

RE: Loan #M801056 David F. Katz 789 Clarkson St. #1102 Denver CO 80218

CERTIFICATE HOLDER	CANCELLATION
American Southwest	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Mortgage Corp ISAOA 5900 Mosteller Dr. Suite 10 Oklahoma, OK 73112	Eve Jo Ontweeos

OP ID: E1

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DATE (MM/DD/YYYY)
05/28/14

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PRODUCER Brown & Brown of Colorado, Inc							
	1660 S. Albion Street #525		PHONE FAX (A/C, No, Ext): (A/C, No):				
Denver, Co Jason Sart			E-MAIL ADDRESS:				
Jason Sartor			INSURER(S) AFF	ORDING COVERAGE	NAIC #		
			INSURER A : SENECA INSURANCE CO)	10936		
INSURED	Versailles Condo Association		INSURER B : Great American Insuranc	e Co.	16691		
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :				
	Denver, CO 80224		INSURER D :				
			INSURER E :				
			INSURER F:				
001/504		.ED		DEVIOLON NUMBER			

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INSR LTR		TYPE OF IN	NSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	GEN	IERAL LIABILITY				1112				EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GEI	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	Χ	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO									BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
•		•										, ,

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Per policy terms, conditions and exclusions. Bank of America NA is a
mortgagee for a specific owner and unit only.

RE: Loan #246279041 Richard J. Medor 789 Clarkson St. #1006 Denver CO 80218

	BANKAME	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
Bank of America NA ISAOA/ATIMA P.O. Box 961291 Fort Worth, TX 76161-0291		ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Evil Jo Online

CANCELLATION

CERTIFICATE HOLDER

DATE (MM/DD/YYYY)

05/28/14

VERSA-2

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	Duanting O Duanting of Calanada Inc		303-980-6265 CONTACT NAME:					
	bion Street #525	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):				
Denver, Co			E-MAIL ADDRESS:					
Jason Sartor			INSURER(S) AFFORD	ING COVERAGE	NAIC #			
			INSURER A : SENECA INSURANCE CO		10936			
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co).	16691			
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:					
	Denver, CO 80224		INSURER D :					
			INSURER E :					
			INSURER F:					
COVEDA		ED-	_	EVICION NUMBER:				

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	EXCESSIONS AND SOMETHOUSE OF COOKER CHINITO GROWN WITH THAT BEET NEEDSCED BY AND CENTRIC.											
INSR LTR		TYPE OF II	NSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	ERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NER/	AL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LII	MIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	:O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO									BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIC	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			N/A	N/A				E.L. DISEASE - EA EMPLOYEE	\$		
	If yes	s, describe under CRIPTION OF OPE	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Prop	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243

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

Per policy terms, conditions and exclusions. Citywide Home Loans ISAOA/Atima is a mortgagee for a specific owner & unit only.

RE: Bibek & Tirshana Regmi 789 Clarkson St. #804 Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
Citywide Home Loans ISAOA/Atima	CITYWID	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
DCO121101002 4001 S. 700 East Suite 250 Salt Lake City, UT 84107		Eve To Ontweeos

ACORD



VERSA-2 OP ID: E1 DATE (MM/DD/YYYY)

\$

\$

125.000

9,856,243

05/28/14

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		rms and conditions cate holder in lieu			•				ement on th	is certificate does not	conter	rights to the
	DUCE				. ,	303-980-6265	CONTA NAME:	СТ				
		& Brown of Colorad Albion Street #525				720-962-5142		n. Ext):		FAX (A/C. No):	
Den	ver,	CO 80222	,				E-MAIL ADDRE			1 (444)	<i>-</i>	
Jaso	on S	artor							URER(S) AFFOR	RDING COVERAGE		NAIC#
							INSURE	R A : SENECA IN	ISURANCE CO			10936
INSU	RED		ndo Associatio	ion			INSURE	R B : Great Amer	rican Insurance	Co.		16691
	%Weststar Management 6795 E Tennessee Ave. #6			1			INSURE					
		Denver, CO 80		•			INSURE	RD:				
							INSURE	RE:				
							INSURER F:					
CO	VER	AGES	CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
C E	ERTI KCLU	FICATE MAY BE ISS	SUED OR MAY	PERT POLI	AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	ED BY	THE POLICIES	S DESCRIBEI PAID CLAIMS	D HEREIN IS SUBJECT		
INSR LTR		TYPE OF INSUR	ANCE		SUBR WVD			POLICY EFF POLICY EXP (MM/DD/YYYY)		LIMITS		
	GEN	NERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERA	L LIABILITY			SCC2031225		06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MADE	X OCCUR							MED EXP (Any one person)	\$	10,000
В	X	Directors &				EPP564157408		02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT AF	PPLIES PER:							PRODUCTS - COMP/OP AGO	\$ \$	2,000,000
		POLICY PRO- JECT	LOC							D & O	\$	1,000,000
	AUT	OMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per acciden	t) \$	
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	

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

SAA5543821730804

SCC2031225 \$10,000 DED

Per policy terms, conditions and exclusions. Citywide Home Loans ISAOA/ATIMA is a mortgagee for a specific owner and unit only.

N/A

RE: Loan #DCO130726003 Nyla Nasser 789 Clarkson St. #905 Denver CO 80218

CERTIFICATE HOLDER	CANCELLATION
CITYW Citywide Home Loans ISAOA/ATIMA 4001 South 700 East #250 Salt Lake City, UT 84107	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

09/21/13

06/01/14

09/21/14

06/01/15

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

Limit

Bldg

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT | \$

DED

(Mandatory in NH)

EmployeeDishonesty

Property 58 units

R

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

RETENTION\$

VERSA-2 OP ID: E1

DATE (MM/DD/YYYY)

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PRODUCER	Duanting O Duanting of Calanada Inc		303-980-6265 CONTACT NAME:					
	bion Street #525	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):				
Denver, Co			E-MAIL ADDRESS:					
Jason Sartor			INSURER(S) AFFORD	ING COVERAGE	NAIC #			
			INSURER A : SENECA INSURANCE CO		10936			
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co).	16691			
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:					
	Denver, CO 80224		INSURER D :					
			INSURER E :					
			INSURER F:					
COVEDA		ED-	_	EVICION NUMBER:				

CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES

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INSR					ADDI	SUBR	 	POLICY EFF	POLICY EXP	- 		
LTR		TYPE OF I	NSUR	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O-	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
		•										, , -

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

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RE: Danielle M Santoro 789 Clarkson St. #102 Denver CO 80218 Lender/Case #WMC131001005

CERTIFICATE HOLDER	CA	ANCELLATION
CIT Citywide Home Loans ISAOA/ATIMA 4001 South 700 East #250 Salt Lake City, UT 84107	,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. JTHORIZED REPRESENTATIVE

ACORD

VERSA-2

OP ID: E1

DATE (MM/DD/YYYY)

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PRODUCER Brown & Brown of Colorado, Inc 1660 S. Albion Street #525		303-980-6265				
		720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):		
Denver, CC	80222		E-MAIL ADDRESS:			
Jason Sart	or		INSURER(S) AFFOR	DING COVERAGE	NAIC #	
			INSURER A : SENECA INSURANCE CO		10936	
INSURED	Versailles Condo Association		INSURER B : Great American Insurance C	Co.	16691	
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :			
	Denver, CO 80224		INSURER D:			
			INSURER E :			
			INSURER F:			
COVERAG	SES CERTIFICATE	NUMBER:		REVISION NUMBER: 1		

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		ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	GENERAL LIABILITY	INOIN W		(IIIII) DD/1111/	(MINIOS)	EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000
В	X Directors &		EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$ 1,000,000
	Officers					GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC					D & O	\$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$
						,	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE T / N					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	EmployeeDishonesty		SAA5543821730804	09/21/13	09/21/14	Limit	125,000
Α	Property 58 units		SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg	9,856,243

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

Per policy terms, conditions and exclusions. Colorado State Bank and Trust is a mortgagee for a specific owner and unit only.

RE: Carly & Bonnie Guzman 789 Clarkson St. Unit 603, Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
BOKF Colorado State Bank & Trust	COLORAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ISAOA/ATIMA P.O. Box 7000 Troy, MI 48007		Eve To Ontweeos

DATE (MM/DD/YYYY) 05/28/14

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PRODUCER Brown & Brown of Colorado, Inc					
	bion Street #525	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):	
Denver, Co Jason Sart			E-MAIL ADDRESS:		
Jason San	toi		INSURER(S) AFF	ORDING COVERAGE	NAIC #
			INSURER A : SENECA INSURANCE CO)	10936
INSURED	Versailles Condo Association		INSURER B : Great American Insuranc	e Co.	16691
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :		
	Denver, CO 80224		INSURER D :		
			INSURER E :		
			INSURER F:		
001/504		.ED		DEVIOLON NUMBER	

COVERAGES **CERTIFICATE NUMBER:** REVISION NUMBER:

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INSR LTR		ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	GENERAL LIABILITY	INOIN W		(IIIII) DD/1111/	(MINIOS)	EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000
В	X Directors &		EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$ 1,000,000
	Officers					GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC					D & O	\$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$
						,	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE T / N					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	EmployeeDishonesty		SAA5543821730804	09/21/13	09/21/14	Limit	125,000
Α	Property 58 units		SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg	9,856,243

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. Credit Union of Colorado is a mortgagee for specific owner and unit only.

RE: Megan Meermans 789 Clarkson St. #902 Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
Credit Union of Colorado	CREDITU	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Lender Case #1429779711 Its Successor and/or Assigns P.O. Box 57046		Eve To ONTweeos

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OP ID: E1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/14

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.

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PRODUCER	Drawn of Coloredo Inc	303-980-6265			
	Brown of Colorado, Inc bion Street #525	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):	
Denver, Co Jason Sar			E-MAIL ADDRESS:		
Jason Sai	toi	INSURER(S) AFFORDING COVERAGE		ING COVERAGE	NAIC #
			INSURER A : SENECA INSURANCE CO		10936
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co).	16691
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:		
	Denver, CO 80224		INSURER D :		
			INSURER E :		
			INSURER F:		
COVEDA		ED-	_	EVICION NUMBER:	

CERTIFICATE NUMBER: COVERAGES REVISION NUMBER

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INSR					ADDI	SUBR	 	POLICY EFF	POLICY EXP	- 		
LTR		TYPE OF I	NSUR	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O-	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
		•										, , -

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

Per policy terms, conditions and exclusions. Discover Home Loans Inc, Its Successors and/or Assigns is a mortgagee for a specific owner and unit only.

RE: Loan #2220875 James E. Gannon & Amy C. Gross

789 Clarkson St. #205 Denver CO 80218

Discover Home Loans Inc	DISCOVE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Its Successors and/or Assigns 173 Technology Dr. Irvine, CA 92618		Eve To ONTweeos

CANCELLATION

CERTIFICATE HOLDER



VERSA-2 OP ID: E1

DATE (MM/DD/YYYY) 05/28/14

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00. tiii.uu	to helder in hed er eden endereelinent(e).				
		303-980-6265 CONTACT NAME: 720-962-5142 PHONE (A/C, No, Ext E-MAIL ADDRESS:	PHONE FAX (A/C, No, Ext):		
ouson our			E NAIG		
		INSURER A:	INSURER A : SENECA INSURANCE CO		
INSURED	Versailles Condo Association	INSURER B :	Great American Insurance Co.	16691	
	%Weststar Management 6795 E Tennessee Ave, #601	INSURER C :	:		
	Denver, CO 80224	INSURER D :	<u>:</u>		
		INSURER E :	:		
		INSURER F:	:		
COVERAG	GES CERTIFICATE NU	MBER:	REVISION N	UMBER: 1	
THICLIC	TO CERTIFY THAT THE DOLLOIDS OF INCLIDANCE	T LICTED DELOW HAVE DEEN IC	CLIED TO THE INCLIDED MAMED AD	OVE FOR THE DOLLOV RED	

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	OLO	0101107111000	IVDI	10140 01 00011			EIMITO OFFICENTIALIZATION OF BEETING		T / (ID OL) (IIVIO			
INSR LTR		TYPE OF II	NSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	ERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NER/	AL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LII	MIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	:O- CT	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT	Y							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIC	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	:D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPE	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Prop	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243

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

Per policy terms, conditions and exclusions. FirstBank ISAOA OR and/or

Assigns is a mortgagee for a specific owner and unit only.

RE: Loan #829-9913 Kathryn Kaszynski 789 Clarkson St. #304 Denver CO 80218

CERTII ICATE HOLDER		CANCELLATION
FirstBank ISAOA OR And/Or Assigns	FIRSTBA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10403 W Colfax Ave Lakewood, CO 80215		Eve To ONTuccos

CANCELL ATION

CEPTIFICATE HOLDED



DATE (MM/DD/YYYY) 05/28/14

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PRODUCER Brown & Brown of Colorado, Inc 1660 S. Albion Street #525		303-980-6265 720-962-5142					
Denver, CC Jason Sart	80222		E-MAIL ADDRESS:	(V 3 3 , 11 3):			
Jason San	OI		INSURER(S) AFFORDING COVI	ERAGE	NAIC #		
			INSURER A : SENECA INSURANCE CO		10936		
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691		
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:				
	Denver, CO 80224		INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAG	SES CERTIFICATE NUME	RFR.	REVISIO	N NIIMRER:			

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INSR LTR		ADDL SU		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	S
	GENERAL LIABILITY	INOIN W		(IIIII) DD/1111/	(MINIOS)	EACH OCCURRENCE	\$ 1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$ 10,000
В	X Directors &		EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$ 1,000,000
	Officers					GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT LOC					D & O	\$ 1,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS					PROPERTY DAMAGE (Per accident)	\$
						,	\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE T / N					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
В	EmployeeDishonesty		SAA5543821730804	09/21/13	09/21/14	Limit	125,000
Α	Property 58 units		SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg	9,856,243

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. mortgagee for a specific owner and unit only. Green Tree Servicing LLC is a

RE: Loan #68241852 Sharon Wilson 789 Clarkson Unit 904 Denver CO 80218

GREENTR Green Tree Servicing LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Its Affiliates and/or Assigns P.O. Box 979282 Miami, FL 33197-9282	Eve Jo Ontweeos

CANCELLATION

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CERTIFICATE HOLDER



DATE (MM/DD/YYYY) 05/28/14

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PRODUCER Brown & Brown of Colorado, Inc		303-980-6265 720-962-5142					
1660 S. Alk Denver, Co Jason Sart		720-302-3142	(A/C, No, Ext): E-MAIL ADDRESS:	(A/C, No):			
Jason San	loi		INSURER(S) AFFORDING COVERAG	E	NAIC #		
			INSURER A : SENECA INSURANCE CO		10936		
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691		
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:				
	Denver, CO 80224		INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAG	GES CERTIFICATE NUM	RFR.	REVISION N	IIMRED.			

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR					ADDI	SUBR	 	POLICY EFF	POLICY EXP	- 		
LTR		TYPE OF I	NSUR	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMITS		
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O-	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
		•										, , -

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

Per policy terms, conditions and exclusions. JPMorgan Chase Bank NA, Its Successors and/or Assigns is a mortgagee for a specific owner and unit only.

RE: Loan #1448098376 Kevin Ward 789 Clarkson St. Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
	JPMORGA	

JPMorgan Chase Bank NA Its Successors and/or Assigns P.O. Box 47020 Atlanta, GA 30362

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

VERSA-2

OP ID: E1

DATE (MM/DD/YYYY)

05/28/14

CERTIFICATE OF LIABILITY INSURANCE

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 Brown & Brown of Colorado, Inc 1660 S. Albion Street #525		303-980-6265 720-962-5142			FAX (A/C, No):	
Denver, Co Jason Sari	O 80222		E-MAIL ADDRESS:		(,,-	
oucon our			INSURER	R(S) AFFORDING COVERAGE		NAIC #
			INSURER A : SENECA INSURA	ANCE CO		10936
INSURED	Versailles Condo Association		INSURER B : Great American I	Insurance Co.		16691
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :			
	Denver, CO 80224		INSURER D :			
			INSURER E :			
			INSURER F:			

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	COLC	00101107111000	IVDII	1010 01 00011		SUBR	I DEELY	POLICY EFF	POLICY EXP	·		
LTR		TYPE OF I	NSUR	ANCE		WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GE	NER/	AL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E [X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	L AGGREGATE LIN	MIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	:0- CT	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT	Y	•						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTICER/MEMBER EXC	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	:D?	II, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
-		· •										. ,

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

Per policy terms, conditions and exclusions. JPMorgan Chase Bank NA, Its Successors and/or Assigns is a mortgagee for a specific owner and unit only.

RE: Loan #1077135366 Jeffrey Potts 789 Clarkson St Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
	JPMORGA	

JPMorgan Chase Bank NA Its Successors and/or Assigns P.O. Box 47020 Atlanta, GA 30362 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

Evil 10 Ontiveros



VERSA-2 OP ID: E1 DATE (MM/DD/YYYY)

05/28/14

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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 Brown & Brown of Colorado, Inc		303-980-6265 720-962-5142					
1660 S. Alk Denver, Co Jason Sart		720-302-3142	(A/C, No, Ext): E-MAIL ADDRESS:	(A/C, No):			
Jason San	loi		INSURER(S) AFFORDING COVERAG	E	NAIC #		
			INSURER A : SENECA INSURANCE CO		10936		
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691		
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:				
	Denver, CO 80224		INSURER D :				
			INSURER E :				
			INSURER F:				
COVERAG	GES CERTIFICATE NUM	RFR.	REVISION N	IIMRED.			

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INSR LTR		TYPE OF IN	NSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	GEN	IERAL LIABILITY				1112				EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GEI	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	Χ	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
•		•										, ,

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

Per policy terms, conditions and exclusions. Megastar Financial Corp. ISAOA is a mortgagee for a specific owner and unit only.

RE:789 Clarkson St, #602 (Kevin Bokoski & Colleen Bokoski). Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
Megastar Financial Corp. ISAOA 1080 Cherokee St. Denver, CO 80204	MEGAST1	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 ONLY ONLY



VERSA-2 OP ID: E1 DATE (MM/DD/YYYY)

05/28/14

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PRODUCER Brown & Brown of Colorado, Inc 1660 S. Albion Street #525 Denver, CO 80222 Jason Sartor		303-980-6265 720-962-5142	TV-UNIE.	FAX (A/C, No):	
			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A : SENECA INSURANCE CO		10936
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:		
	Denver, CO 80224		INSURER D:		
			INSURER E :		
			INSURER F:		
COVEDA	CEC CEDTIEICAT	E NUMBED.	DEVICE	ON NUMBER.	

CERTIFICATE NUMBER: COVERAGES 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF IN	NSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	GEN	IERAL LIABILITY				1112				EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GEI	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	Χ	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
•		•										, ,

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

Per policy terms, conditions and exclusions. Mid America Mortgage Inc ISAOA ATIMA is a mortgagee for a specific owner and unit only.

RE: Loan #100244832 Richard R. Willard 789 Clarkson St. #801 Denver CO 80218

Mid America Mortgage Inc	MIDAMER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ISAOA, ATIMA 15301 Spectrum Dr. #405 Addison, TX 75001		Eve To Ontweeos

CANCELLATION

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CERTIFICATE HOLDER



VERSA-2 OP ID: E1 DATE (MM/DD/YYYY)

05/28/14

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.

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PRODUCER	name of Colomada Inc	303-960-6263	MAINE.				
	rown of Colorado, Inc ion Street #525	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):			
Denver, CC Jason Sart	80222		E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE				
Jason Jart	oi.						
			INSURER A: SENECA INSURANCE CO		10936		
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691		
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:				
	Denver, CO 80224		INSURER D :				
			INSURER E:				
			INSURER F:				
COVEDAG	CEDTIEICAT	E NIIMBED.	DE	VICION NI IMPED.			

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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF IN	NSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	GEN	IERAL LIABILITY				1112				EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GEI	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	Χ	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
•		•										, ,

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

Per policy terms, conditions and exclusions. NBH Bank, N.A. ISAOA

is a mortgagee for a specific owner and unit only.

Unit Owner: Kelly Barnes, 789 Clarkson St. Apt 205 Denver, CO 80218-3255

NBH Bank, N.A.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ISAOA/ATIMA P.O.Box 26368 Kansas City, MO 64196-6368	Eve To Ontweeos

CANCELLATION

CERTIFICATE HOLDER

VERSA-2

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

05/28/14

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.

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PRODUCER Brown & Brown of Colorado, Inc		303-980-6265					
	660 S. Albion Street #525		PHONE (A/C, No, Ext):	FAX (A/C, No):			
Denver, C	O 80222		E-MAIL ADDRESS:				
Jason Sar	tor		INSURER(S) AFFORDING	G COVERAGE	NAIC #		
			INSURER A : SENECA INSURANCE CO		10936		
INSURED	Versailles Condo Association			16691			
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:				
	Denver, CO 80224		INSURER D :				
			INSURER E :				
			INSURER F:				
COVEDA	GES CERTIFICATE NII	MRED.	DE'	VISION 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 IN	NSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s	
	GEN	IERAL LIABILITY				1112				EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GEI	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	Χ	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
•		•										, ,

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. Certificate holder is a mortgageee for a specific owner and unit only.

RE: Loan #1081280 Benjamin Kaufman 789 Clarkson St. #901 Denver CO 80218

CERTIFICATE HOLDER	CANCELLATION
Pioneer Bank	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
A Federal Savings Bank ISAOA, ATIMA P.O. Box 130 Roswell, NM 88202-0130	EUR JO ONTUCKOS

VERSA-2 OP ID: E1 DATE (MM/DD/YYYY)

05/28/14

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	0 D (O.l		B-980-6265 CONTACT NAME:					
	pion Street #525	720-962-5142		FAX (A/C, No):				
Denver, Co Jason Sart			E-MAIL ADDRESS:					
Jason San	loi		INSURER(S) AFFORE	DING COVERAGE	NAIC #			
			INSURER A : SENECA INSURANCE CO INSURER B : Great American Insurance Co		10936			
INSURED	Versailles Condo Association		э.	16691				
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:					
	Denver, CO 80224		INSURER D:					
			INSURER E :					
			INSURER F:					

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					ADDI	SUBR	 	POLICY EFF	POLICY EXP	- 		
LTR		TYPE OF I	NSUR	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY PR	O-	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
		•										, , -

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

Per policy terms, conditions and exclusions Certificate Holder is the Mortgagee for specific unit and owner only:

JPMorgan Chase Bank, NA

Unit #706 - Lee Alan Pohlenz - Loan #1448100955

CERTIFICATE HOLDER	CANCELLATION

POHLENZ

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

ISAOA/ATIMA PO Box 47020 Atlanta, GA 30362



VERSA-2 OP ID: E1

DATE (MM/DD/YYYY) 05/28/14

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED EANDING ANY REQUIREMENT, TERM OR COULD OR MAY PERTAIN, THE INSURANCE TONS OF SUCH POLICIES. LIMITS SHOWN ANCE INSURANCE INS	INSURER A: SENEC. INSURER B: Great A INSURER C: INSURER D: INSURER E: INSURER F: BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA E AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED B: POLICY EF	TO THE INSURCE CT OR OTHER CIES DESCRIBES Y PAID CLAIMS	REVISION NUMBER: ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR POLICY LLIABILITY SCC2031225 X OCCUR	E-MAIL ADDRESS: INSURER A : SENEC. INSURER B : Great A INSURER C : INSURER C : INSURER E : INSURER F : BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E	TO THE INSURCE CT OR OTHER CIES DESCRIBES Y PAID CLAIMS	RDING COVERAGE Co. REVISION NUMBER: ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	10936 16691 HE POLICY PERIOD
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY LLIABILITY X OCCUR	INSURER A : SENEC. INSURER B : Great A INSURER C : INSURER D : INSURER E : INSURER F : BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E	TO THE INSURCE CT OR OTHER CIES DESCRIBES Y PAID CLAIMS	REVISION NUMBER: ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	10936 16691 HE POLICY PERIOD
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY LLIABILITY X OCCUR	INSURER A: SENEC. INSURER B: Great A INSURER C: INSURER D: INSURER E: INSURER F: BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA E AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED B: POLICY EF	TO THE INSURCE CT OR OTHER CIES DESCRIBES Y PAID CLAIMS	REVISION NUMBER: ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	10936 16691 HE POLICY PERIOD
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY LLIABILITY X OCCUR	INSURER A: INSURER B: Great A INSURER C: INSURER D: INSURER E: INSURER F: BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E	TO THE INSURICT OR OTHER CIES DESCRIBESY PAID CLAIMS	REVISION NUMBER: ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	16691 HE POLICY PERIOD
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY LLIABILITY X OCCUR	INSURER C: INSURER D: INSURER E: INSURER F: BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E	TO THE INSUR CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	REVISION NUMBER: ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	HE POLICY PERIOD
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY LLIABILITY X OCCUR	INSURER D: INSURER E: INSURER F: BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	
CERTIFICATE NUMBER: THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR NYD POLICY INSR WYD POLICY ALLIABILITY X OCCUR	INSURER E: INSURER F: BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E POLICY EF	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	
T THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY ALLIABILITY X OCCUR	BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED BY POLICY EF	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	
T THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY ALLIABILITY X OCCUR	BELOW HAVE BEEN ISSUED CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED I	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	
T THE POLICIES OF INSURANCE LISTED E ANDING ANY REQUIREMENT, TERM OR C SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR INSR WVD POLICY ALLIABILITY X OCCUR	CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E POLICY EF	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	
ANDING ANY REQUIREMENT, TERM OR COULD OR MAY PERTAIN, THE INSURANCE IONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBR WYD POLICY INSR WYD SCC2031225 X OCCUR	CONDITION OF ANY CONTRA CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E POLICY EF	CT OR OTHER CIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESPECT TO	
SUED OR MAY PERTAIN, THE INSURANC TIONS OF SUCH POLICIES. LIMITS SHOWN ANCE ADDL SUBRINSR WYD POLICY LLIABILITY SCC2031225 X OCCUR	CE AFFORDED BY THE POLIC I MAY HAVE BEEN REDUCED E POLICY EF	CIES DESCRIBE BY PAID CLAIMS	D HEREIN IS SUBJECT TO	CT TO WHICH THIS
ANCE ADDL SUBR POLICY ALLIABILITY X OCCUR ADDL SUBR POLICY SCC2031225	POLICY EF			
INSR WVD POLICY SCC2031225 X OCCUR	Y NUMBER (MM/DD/YYY		· <u> </u>	
OCCUR		Y) (MM/DD/YYYY)	LIMIT	
OCCUR			EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	06/01/14	4 06/01/15	PREMISES (Ea occurrence)	\$ 100,000
		.	MED EXP (Any one person)	\$ 10,000
EPP564157408	8 02/21/14	4 06/01/15	PERSONAL & ADV INJURY	\$ 1,000,000
			GENERAL AGGREGATE	\$ 2,000,000
PPLIES PER:			PRODUCTS - COMP/OP AGG	\$ 2,000,000
LOC			D & O	\$ 1,000,000
			COMBINED SINGLE LIMIT (Ea accident)	\$
			BODILY INJURY (Per person)	\$
SCHEDULED AUTOS			1 ' '	\$
NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$
				\$
OCCUR			EACH OCCURRENCE	\$
CLAIMS-MADE			AGGREGATE	\$
N\$				\$
VIN			WC STATU- OTH- TORY LIMITS ER	
/EXECUTIVE // I			E.L. EACH ACCIDENT	\$
D? N/A			E.L. DISEASE - EA EMPLOYEE	\$
DNS below			E.L. DISEASE - POLICY LIMIT	\$
SAA5543821730804	09/21/13	3 09/21/14	Limit	125,000
SCC2031225 \$10,0	000 DED 06/01/14	4 06/01/15	Bldg	9,856,243
DNS below SAA5543821730804	000 DEC	06/01/14	06/01/14 06/01/15	09/21/13 09/21/14 Limit 06/01/14 06/01/15 Bldg

OP ID: E1

DATE (MM/DD/YYYY) 05/28/14

VERSA-2

CERTIFICATE OF LIABILITY INSURANCE

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.

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PRODUCER	Drawn of Coloredo Inc	303-980-6265			
	Brown of Colorado, Inc bion Street #525	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):	
Denver, Co Jason Sar			E-MAIL ADDRESS:		
Jason Sai	toi		INSURER(S) AFFORD	ING COVERAGE	NAIC #
			INSURER A : SENECA INSURANCE CO		10936
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co).	16691
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:		
	Denver, CO 80224		INSURER D :		
			INSURER F:		
COVEDA		ED-	_	EVICION NUMBER:	

CERTIFICATE NUMBER: COVERAGES 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR					ADDI	SUBR	 	POLICY EFF	POLICY EXP	- 		
LTR		TYPE OF I	NSUR	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY PR	O-	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
		•										, , -

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. mortgagee for a specific owner and unit only. Quicken Loans Inc ISAOA is a

RE: Loan #3315700392 Thomas Higgins 789 Clarkson St. #401 Denver CO 80218

CENTIFICATE HOLDEN	CANC	CLLATION
Quicken Loans Inc ISAOA P.O. Box 717	THE	ULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ORDANCE WITH THE POLICY PROVISIONS.
Amelia, OH 45102		XE TO ONTUCCOS

CANCELL ATION

CEPTIFICATE HOLDED

VERSA-2 OP ID: E1

05/28/14

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PRODUCER	traum of Coloredo Inc	303-980-6265	10 011=1					
	rown of Colorado, Inc pion Street #525	720-962-5142		FAX (A/C, No):				
Denver, Co Jason Sart			E-MAIL ADDRESS:					
Jason San	loi		INSURER(S) AFFORE	DING COVERAGE	NAIC #			
			INSURER A : SENECA INSURANCE CO INSURER B : Great American Insurance Co		10936			
INSURED	Versailles Condo Association		э.	16691				
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:					
	Denver, CO 80224		INSURER D:					
			INSURER F:					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR		TYPE OF I	NSUP	ANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
LTR	CEN	NERAL LIABILITY	NOOK	AITOL	INSR	WVD	POLICT NUMBER	(MIM/DD/YYYY)	(MM/DD/YYYY)			1,000,000
	<u> </u>	NERAL LIABILIT								EACH OCCURRENCE DAMAGE TO RENTED	\$	
Α	X	COMMERCIAL GE	NERA	L LIABILITY	X		SCC2031225	06/01/14	06/01/15	PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	DE [OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$	2,000,000	
		POLICY PR	O- CT	LOC						D&O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	ENTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mai	ndatory in NH)	in NH)					E.L. DISEASE - EA EMPLOYEE	\$			
	If ye DES	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В		loyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
	'	•										

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Per policy terms, conditions and exclusions. Stearns Lendings Inc is a

lenders loss payee for a specific owner & unit only.

RE: Marcus Knyte 789 Clarkson #604 Denver CO 80218

CERTIFICATE HOLDER	CANCELLATION

STEARNS

Stearns Lendings Inc c/o Loan Care ISAOA/ATIMA PO Box 202049 Florence, SC 29502-2049 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Eve To Optuceos

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VERSA-2

OP ID: E1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/14

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	Assessment Ordered to the					
	Brown of Colorado, Inc	720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):		
Denver, Co Jason Sart			E-MAIL ADDRESS:			
Jason San	toi		INSURER(S) AFF	ORDING COVERAGE	NAIC #	
			INSURER A : SENECA INSURANCE CO)	10936	
INSURED	Versailles Condo Association		INSURER B : Great American Insuranc	e Co.	16691	
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :			
	Denver, CO 80224		INSURER D :			
			INSURER E :			
			INSURER F:			
001/504		.ED		DEVIOLON NUMBER		

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	COLC	00101107111000	IVDII	1010 01 00011		SUBR	I DEELY	POLICY EFF	POLICY EXP	·		
LTR		TYPE OF I	NSUR	ANCE		WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	Х	COMMERCIAL GE	NER/	AL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E [X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
	Officers									GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	:0- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY			•						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PARTICER/MEMBER EXC	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)	LUDE	:D?	II, A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
-		· •										. ,

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

Per policy terms, conditions and exclusions. Summit Mortgage Corp ISAOA is a mortgagee for a specific owner and unit only.

Lender Case #4500213341 Raul Trujillo 789 Clarkson St. #306 Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
Summit Mortgage Corp ISAOA 13355 10th Ave North Ste 100	SUMMITM	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Plymouth, MN 55441		Eve to Option



DATE (MM/DD/YYYY) 05/28/14

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PRODUCER Brown & Brown of Colorado, Inc 1660 S. Albion Street #525		303-980-6265						
		720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):				
Denver, C	O 80222		E-MAIL ADDRESS:					
Jason Sar	tor		INSURER(S) AFFORDING	G COVERAGE	NAIC #			
			INSURER A : SENECA INSURANCE CO		10936			
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691			
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:					
	Denver, CO 80224		INSURER D :					
			INSURER E :					
			INSURER F:					
COVEDA	GES CERTIFICATE NII	MRED.	DE'	VISION 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	OLO	0101107111000	IVDI	10140 01 00011			EIMITO OFFICENTIALIZATION OF BEETING		T / (ID OL) (IIVIO			
INSR LTR		TYPE OF II	NSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GEN	ERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NER/	AL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	I'L AGGREGATE LII	MIT A	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	:O- CT	LOC						D & O	\$	1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIC	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE		,						WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE TIN	N/A					E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			:D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPE	RATI	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Prop	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243

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

Per policy terms, conditions and exclusions. SWBC Mortgage Corp. ISAOA and ATIMA c/o Central Loan Administration & Reporting is a mortgagee for a specific owner and unit only.

Loan #056358195

CERTIFICATE HOLDER

RE: Harry M. Sherrell 789 Clarkson St. Unit 501, Denver CO 80218

ACCO	E EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN CORDANCE WITH THE POLICY PROVISIONS.
c/o Central Loan cont	DRIZED REPRESENTATIVE

CANCELLATION

OP ID: E1

VERSA-2

DATE (MM/DD/YYYY) 05/28/14

CERTIFICATE OF LIABILITY INSURANCE

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	rown of Colorado, Inc	303-980-6265 720-962-5142						
1660 S. Alk Denver, Co Jason Sart		720-302-3142	(A/C, No, Ext): E-MAIL ADDRESS:	(A/C, No):				
Jason San	loi		INSURER(S) AFFORDING COVERAG	E	NAIC #			
			INSURER A : SENECA INSURANCE CO		10936			
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.		16691			
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:					
	Denver, CO 80224		INSURER D :					
			INSURER E :					
			INSURER F:					
COVERAG	GES CERTIFICATE NUM	RFR.	REVISION N	IIMRED.				

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	R TYPE OF INSURANCE			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
Α	Х	COMMERCIAL GENERAL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 10,000
В	Χ	Directors &			EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$ 1,000,000
		Officers						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,000
		POLICY PRO- JECT LOC						D & O	\$ 1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							WC STATU- OTH- TORY LIMITS ER	
			N/A					E.L. EACH ACCIDENT	\$
			N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye DES	es, describe under SCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Empl	loyeeDishonesty			SAA5543821730804	09/21/13	09/21/14	Limit	125,000
Α	Pro	perty 58 units			SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg	9,856,243

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. Veterans United Home Loans is a mortgagee for a specific owner & unit only.

RE: Timothy Hughey, 789 Clarkson St. Apt 905, Denver, CO 80218

OLIVIII IOATE HOLDEN		CANCELLATION
Mortgage Research Center. LLC ISAOA	VETERUN	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1400 Veterans United Drive Columbia, MO 65203		AUTHORIZED REPRESENTATIVE EVE JO ONJUCKOS

CANCELL ATION

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CEPTIFICATE HOLDED

VERSA-2

OP ID: E1

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

05/28/14

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PRODUCER Brown & Brown of Colorado, Inc 1660 S. Albion Street #525 Denver, CO 80222 Jason Sartor		303-980-6265 720-962-5142	IVAIII L.						
Jason Jan	ioi		INSURER(S) AFFORDING	COVERAGE	NAIC #				
			INSURER A: SENECA INSURANCE CO		10936				
INSURED	Versailles Condo Association			16691					
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :						
	Denver, CO 80224		INSURER D:						
			INSURER E :						
			INSURER F:						

COVERAGES **CERTIFICATE NUMBER:** REVISION NUMBER:

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INSR					ADDI	SUBR	 	POLICY EFF	POLICY EXP	- 		
LTR		TYPE OF I	NSUR	ANCE		WVD	POLICY NUMBER		(MM/DD/YYYY)	LIMIT	s	
	GEN	IERAL LIABILITY								EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	E Z	X OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	L AGGREGATE LIN	MIT AF	PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O-	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY	PROPRIETOR/PAR	TNER	EXECUTIVE T N	N/A					E.L. EACH ACCIDENT	\$	
	(Mar	ICER/MEMBER EXC ndatory in NH)	LUDE	D?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В	Empl	oyeeDishonesty					SAA5543821730804	09/21/13	09/21/14	Limit		125,000
Α	Pro	perty 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243
		•										, , -

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. Wells Fargo Bank N.A. #936

ISAOA is a mortgagee for a specific owner and unit only.

RE: Michael P. Conroy 789 Clarkson St. #405 Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
	WELLSEA	

Wells Fargo Bank NA #936 It's Successors and/or Assigns P.O. Box 100515 Florence, SC 29502

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



VERSA-2 OP ID: E1

DATE (MM/DD/YYYY)

05/28/14

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certificat	te holder in lieu of such endorsement(s	s).					
PRODUCER		303-980-6265	303-980-6265 CONTACT NAME:				
	rown of Colorado, Inc sion Street #525	720-962-5142	PHONE FAX (A/C, No, Ext): (A/C, No):				
Denver, CC	80222		E-MAIL ADDRESS:				
Jason Sartor			INSURER(S) AFFORDING COVERAGE	NAIC #			
			INSURER A : SENECA INSURANCE CO	10936			
INSURED	Versailles Condo Association		INSURER B : Great American Insurance Co.	16691			
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C:				
	Denver, CO 80224		INSURER D:				
			INSURER E:				
			INSURER F:				
COVERAG	SES CERTIFICAT	ΓE NUMBER:	REVISION NUMBER:				
INDICATE	D. NOTWITHSTANDING ANY REQUIREM	IENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO A	TO WHICH THIS			
	ONS AND CONDITIONS OF SUCH POLICIES	•		LL THE TERMO,			

INSR LTR		TYPE OF INSUR	RANCE		SUBR WVD		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
LIIX	GEN	IERAL LIABILITY	-	INSK	WVD	1 OLIO I NOMBER	(MINI/DD/1111)	(MIM/DD/1111)	EACH OCCURRENCE	\$ 1,000,000
Α	X	COMMERCIAL GENER	AL LIABILITY			SCC2031225	06/01/14	06/01/15	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		CLAIMS-MADE	X OCCUR						MED EXP (Any one person)	\$ 10,000
В	Χ	Directors &				EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$ 1,000,000
		Officers							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AGG	\$ 2,000,000
		POLICY PRO- JECT	LOC						D & O	\$ 1,000,000
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO								BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
		UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION	ON\$							\$
		RKERS COMPENSATION DEMPLOYERS' LIABILIT	· V						WC STATU- OTH- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER	R/EXECUTIVE T IN	N/A					E.L. EACH ACCIDENT	\$
	(Mai	FICER/MEMBER EXCLUDI ndatory in NH)	ED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If ye	s, describe under SCRIPTION OF OPERATI	IONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Empl	loyeeDishonesty				SAA5543821730804	09/21/13	09/21/14	Limit	125,000
Α	Pro	perty 58 units				SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg	9,856,243

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

Per policy terms, conditions and exclusions.

CERTIFICATE HOLDER		CANCELLATION
WEST: West Star Management 6795 East Tennessee Ave	STR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Suite 601 Denver, CO 80224-1613		Evil Jo ONTWEROS

CANCELL ATION

CEDTIFICATE HOLDED

OP ID: E1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/28/14

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 Brown & Brown of Colorado, Inc 1660 S. Albion Street #525		303-980-6265			
		720-962-5142	PHONE (A/C, No, Ext):	FAX (A/C, No):	
Denver, Co			E-MAIL ADDRESS:		
Jason Sartor			INSURER(S) AFFORDING COVERAGE		NAIC #
			INSURER A : SENECA INSURANCE CO		10936
INSURED	Versailles Condo Association		INSURER B : Great American Insurance	Co.	16691
	%Weststar Management 6795 E Tennessee Ave, #601		INSURER C :		
	Denver, CO 80224		INSURER D :		
			INSURER E :		
			INSURER F:		
COVEDA		ED.		DEVICION NUMBER	

CERTIFICATE NUMBER: COVERAGES 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				SUBR		POLICY EFF	POLICY EXP	LIMIT	·c			
LTR	CEN	NERAL LIABILITY	NOOK	ANUL	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)			4 000 000
	<u> </u>	NERAL LIABILIT								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
Α	X	COMMERCIAL GE	NERA	L LIABILITY			SCC2031225	06/01/14	06/01/15	PREMISES (Ea occurrence)	\$	100,000
		CLAIMS-MAD	DE [OCCUR						MED EXP (Any one person)	\$	10,000
В	X	Directors &					EPP564157408	02/21/14	06/01/15	PERSONAL & ADV INJURY	\$	1,000,000
		Officers								GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LII		PPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PR	O- CT	LOC						D & O	\$	1,000,000
	AUT	OMOBILE LIABILIT								COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO								BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS		NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
											\$	
		UMBRELLA LIAB		OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$	
		DED RETE	NTIO	N\$							\$	
		RKERS COMPENSA EMPLOYERS' LIAE								WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$			
			(Mandatory in NH)		IN / A	A				E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, describe under SCRIPTION OF OPE	RATIO	ONS below						E.L. DISEASE - POLICY LIMIT	\$	
В					SAA5543821730804	09/21/13	09/21/14	Limit		125,000		
Α	A Property 58 units					SCC2031225 \$10,000 DED	06/01/14	06/01/15	Bldg		9,856,243	
	Ι.	•										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Per policy terms, conditions and exclusions. W.J. Bradley Mortgage Capital LLC, Its Successors and/or Assigns is a mortgagee for a specific owner and unit only.

Loan #179237 Jonathan Dome 789 Clarkson St. #702 Denver CO 80218

CERTIFICATE HOLDER		CANCELLATION
W.J. Bradley Mortgage	WJBRADL	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Capital LLC Its Successors and/or Assigns		AUTHORIZED REPRESENTATIVE
P.O. Box 5914 Santa Rosa, CA 95402-5914		Eve lo Ontuccos

CANCELL ATION

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