

**CERTIFICATE OF INSURANCE**



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder SUMMIT PARK ENCLAVE HOMEOWNERS ASSOCIATION INC

Address of policyholder 7936 E ARAPAHOE COURT STE 2300, ENGLEWOOD, CO 80112

Location of operations 4199 S GRANBY CIR, AURORA, CO 80014

Description of operations HOA

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
96-C9-2914-2	Comprehensive Business Liability	02/15/23	02/15/24	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> LIABILITY <input checked="" type="checkbox"/> BUILDING-\$57,700 <input type="checkbox"/> COMMON AREA ONLY		Each Occurrence	\$ 1,000,000
				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
96-CN-0650-2	EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella <input type="checkbox"/> Other	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
		Effective Date	Expiration Date	Each Occurrence	\$ 1,000,000
				Aggregate	\$ 1,000,000
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory	
		Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	Effective Date	Expiration Date	LIMITS OF LIABILITY (at beginning of policy period)	

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder  
FOR INFORMATIONAL PURPOSES ONLY

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

*Jack V Downing*

Signature of Authorized Representative \_\_\_\_\_  
AGENT \_\_\_\_\_ 04/12/2023  
Title \_\_\_\_\_ Date  
JACK V DOWNING  
Agent Name  
Telephone Number 303-825-6633 \_\_\_\_\_

Agent's Code Stamp  
Agent Code 2446  
AFO Code F627