

**ZURICH AMERICAN INSURANCE COMPANY
CERTIFICATE OF INSURANCE**

We've issued this certificate of insurance as a matter of information only. It names the real estate licensee who qualifies as a protected person under the below mentioned state's Real Estate Licensee Professional Liability Protection-Claims-Made insuring agreement. It also lists the coverage effective date, coverage expiration date, and the limits of liability that apply to the licensee named in this certificate. This certificate does not grant the holder or licensee named in the certificate any rights. Nor does it amend, extend, or alter the coverage provided by the policy identified below.

LICENSEE:

**GRACE MANAGEMENT & INVST CORP
2200 E 104TH AVE STE 105
THORNTON CO 80233-4402**

The coverage provided under the insuring agreement is written on a claims-made basis read your policy carefully.

LICENSE NUMBER: EC-4520

COLORADO REAL ESTATE ERRORS & OMISSIONS INSURANCE

POLICY NUMBER: EOC 9827639 05

YOUR COVERAGE EFFECTIVE DATE: 01/01/2017

YOUR COVERAGE EXPIRATION DATE: 01/01/2018

YOUR RETROACTIVE DATE: 01/01/1998

CERTIFICATE NUMBER: 12-16747

Program Administrator:
Williams Underwriting Group
Division of Assured Neace Lukens Insurance
Agency Inc.
2211 River Road
Louisville KY 40206
Telephone: 800-222-4035

Insurance Company:
Zurich American Insurance Company
1299 Zurich Way
Schaumburg, IL 60196-1056

Type of Insurance	Limits/Deductibles
<u>Insuring Agreement A: Real Estate Brokers Professional Liability</u>	
* Each per claim limit:	\$250,000
Aggregate Limit:	\$750,000
Each wrongful act deductible:	\$1,000
<u>Insuring Agreement B: Lock Box Property Damage Liability</u>	
Each per claim limit:	\$100,000
Aggregate Limit:	\$300,000
Deductible:	\$0
* <u>Insuring Agreement C: Fair Housing Discrimination Liability</u>	
Each per claim limit:	\$25,000
Aggregate Limit:	\$25,000
Deductible:	\$1,000
<u>Endorsements that also apply:</u>	<u>Form Number:</u>
Increased Limits of Liability Endorsement	U-REL-927-A CO 10/11
Contingent Bodily Injury and Property Damage Exclusion Endorsement (Sublimit and Deductible)	U-REL-937-A MU (01/15)
Premium (this is not a bill)	\$538.00

ALL PREMIUMS ARE FULLY EARNED ONCE COVERAGE GOES INTO EFFECT. TEN (10) DAYS WRITTEN NOTICE WILL BE GIVEN FOR CANCELLATION DUE TO NON PAYMENT OF PREMIUM

U-REL-935-A CO (10/11)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2017

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 Bill Tutterow 3005 Center Green Dr Ste 240 Boulder, CO. 80301	CONTACT NAME: SKYLAR SCHEUFELE	FAX (A/C. No): 303-442-7795	
	PHONE (A/C. No, Ext): 303-442-7736	E-MAIL ADDRESS: SKYLAR@BILLTUTTEROW.COM	
INSURED GRACE MGMT INVESTMENT CORP 2200 E 104TH AVE STE 105 THORNTON CO 80233-4402	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : State Farm Fire and Casualty Company		25143
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical Payments \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			96-CS-4614-3 F	04/24/2017	04/24/2018	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A <input type="checkbox"/>						

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

Notice of Cancellation 10 days; Notice of Cancellation for Non Payment of Premium 10 days;

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE



Travelers Service Center
1365 Garden of the Gods Rd. Suite 110
Colorado Springs, CO 80907-3419

THE CHARTER OAK FIRE INSURANCE COMPANY

NOVEMBER 9, 2016

GRACE MANAGEMENT AND
INVESTMENT CORPORATION
2200 E 104TH AVE, STE 105
THORNTON CO 80233

Thank you for continuing your business with Travelers.

AUTOMATIC DATA PROCESSING INSURANCE AGCY INC, in conjunction with
Travelers, is pleased to forward your renewal coverage contract for
the following policy:

<u>Coverage</u>	<u>Policy Form</u>	<u>Policy Number</u>
WORKERS COMP	UB	2B50956A



The Travelers Service Center is positioned to assist you. Please take a few minutes to review the coverages, and call us with any changes or questions that you may have at the following number:

Phone: (877) 677-0428

Travelers Service Center is open Monday – Friday, 8:00 a.m. – 8:00 PM EST

If you experience a loss and/or need to report a claim, please contact the **Travelers Claim Line** directly at **1-800-238-6225**. Claim representatives are available 24 hours a day, 7 days a week.

Travelers is providing the peace of mind and stability that over half a million American business owners rely on every day. We are glad to be providing you with the thorough protection and superior service that your business deserves.

If you have other policies with Travelers, the policy paper may be mailed to you under separate cover.

Sincerely,

Travelers Service Center