



CENTRAL INSURANCE COMPANY
800 S. WASHINGTON ST
VAN WERT, OHIO 45891-2357
www.central-insurance.com

DECLARATIONS - COMMERCIAL LIABILITY UMBRELLA

NAMED INSURED AND MAILING ADDRESS

WELLINGTON III CONDOMINIUM
ASSOCIATION
C/O HOA SERVICES
607 S 7TH ST
GRAND JUNCTION, CO 81501-7734

AGENT 4306 NEW

KNODE & ASSOCIATES LLC
PO BOX 40
PALISADE, CO 81526-0040
(970)464-5661
www.knodeinsurance.com

POLICY NUMBER: CXS 9620438 10

POLICY PERIOD: FROM 02/18/2026 TO 02/18/2027
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: COMMERCIAL COA
FORM OF BUSINESS: CORPORATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL OF THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (ANY ONE PERSON OR ORGANIZATION)	\$1,000,000
AGGREGATE LIMIT (LIABILITY COVERAGE) (EXCEPT WITH RESPECT TO COVERED AUTOS)	\$1,000,000

RETAINED LIMIT

SELF-INSURED RETENTION	\$0
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PREMIUM INFORMATION

PREMIUM FOR CERTIFIED ACTS OF TERRORISM UNDER THE TERRORISM RISK INSURANCE ACT	\$3.00
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TOTAL POLICY PREMIUM DUE IS : \$453.00
THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT

DECLARATIONS - COMMERCIAL LIABILITY UMBRELLA (continued)

NAMED INSURED
WELLINGTON III CONDOMINIUM

POLICY NUMBER
CXS 9620438 10

FORMS AND ENDORSEMENTS APPLICABLE TO POLICY CXS 9620438 10 ON 02/18/2026

FORM NBR	EDITION	FORM TITLE
* CU0001	0413	COMMERCIAL LIABILITY UMBRELLA COVERAGE FORM
* CU0146	0900	COLORADO CHANGES - REPRESENTATIONS OR FRAUD
* CU2117	1219	EXCL-DESIGNATED OPERATIONS COVERED BY A CONSOLIDATED (WRAP-UP)
* CU2123	0202	EXCL-NUCLEAR ENERGY LIAB (BROAD FORM)
* CU2130	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
* CU2140	0115	EXCLUSION OF CERTIFIED ACTS OF NUCLEAR, BIOLOGICAL OR CHEMICAL...
* CU2158	0509	COMMUNICABLE DISEASE EXCLUSION
* CU3420	1219	EXCLUSION-ALL HAZARDS IN CONNECTION WITH AN ELECTRONIC
* CU3422	1220	CANNABIS EXCLUSION
* CU3454	0523	EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)
* CU3456	1223	EXCLUSION - CYBER INCIDENT
* IL0017	1198	COMMON POLICY CONDITIONS
* IL0125	1113	CO-CHANGES - CIVIL UNION
* IL0228	0907	CO-CHANGES - CANCELLATION AND NONRENEWAL
* 8-1970	0306	EMPLOYEE BENEFITS LIABILITY COVERAGE
* 8-2004	0922	LIMITATION OF POLICY TO FOLLOWING FORM LIABILITY COVERAGE
* 8-2074	0416	LIQUOR LIABILITY EXCLUSION
* 8-2413	0416	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORM
* 8-2416	0416	COLORADO CHANGES - UNDERLYING CLAIMS-MADE COVERAGE
* 20-1768	0125	PROVISIONS APPLICABLE TO CENTRAL INSURANCE COMPANY
* 20-1769	0125	PROVISIONS APPLICABLE TO CENTRAL INSURANCE COMPANIES
* 20-2118	0315	POLICYHOLDER DISCLOSURE NOTICE (TERRORISM INS & VIRUS)
* 20-2143	0614	AVAILABLE PAY PLANS
* 20-2375	0315	NOTICE TO POLICYHOLDERS - NBCR EXCLUSION
* 20-2567	0125	CENTRAL INSURANCE COMPANIES PRIVACY NOTICE
* 20-2633	0125	NAME CHANGE ENDORSEMENT

* DENOTES FORMS ATTACHED WITH THIS TRANSACTION

DECLARATIONS - COMMERCIAL LIABILITY UMBRELLA (continued)

NAMED INSURED
WELLINGTON III CONDOMINIUM

POLICY NUMBER
CXS 9620438 10

SCHEDULE OF UNDERLYING INSURANCE

COMMERCIAL GENERAL LIABILITY

COMPANY: CENTRAL MUTUAL
POLICY NUMBER: 9620437
POLICY PERIOD: FROM 02/18/2026 TO 02/18/2027

MINIMUM APPLICABLE LIMITS:

GENERAL AGGREGATE	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL AND ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000

THE FOLLOWING INFORMATION IS REQUIRED TO COMPLETE FORM CU2117 1219

EXCLUSION - DESIGNATED OPERATIONS COVERED BY
A CONTROLLED (WRAP-UP) INSURANCE PROGRAM

DESCRIPTION AND LOCATION(S) OF OPERATION(S):
SEE UNDERLYING GENERAL LIABILITY POLICY



PRESIDENT



SECRETARY

February 05, 2026

DATE