Department of Regulatory Agencies
Division of Real Estate

Colorado Division of Real Estate
1560 Broadway, Suite 925, Denver, CO 80202
(303) 894-2166, dora_realestate_website@state.co.us

Certificate of Independent Coverage for Colorado Real Estate Brokers

This form is only required for applicants/licensees who have not purchased their policy through the state-contracted group provider. In the below form, an "Umbrella" policy is defined as a policy that covers the business entity (corporation, partnership or LLC) and all licensees working for that company.

Type of Coverage:

X Umbrella Policy

Individual Policy

Named Insured:

Name of Individual Insured	Licence Number (or pending)	License Expiration
	100071417	

Company Name	Business Address: (Street,City, State, Zip)
Prestige Realty Group Inc	15 Spectrum Loop, Suite 115 ,Colorado Springs ,Colorado ,80921

Company Phone	Email Address
719-640-7669	kerri@rogapex.com

Affidavit by Insurance Provider

(To be completed by the insurance agency issuing the policy)

Pursuant to Colorado Real Estate Commission (CREC) Rule D-14, the insurance representative signing below certifies to the CREC that:

1. The insurance company listed below is in compliance with CREC Rule D-14.
2. The named insured, and in the event the named insured is a corporation, partnership or limited liability company, all employed licensees or licensees who may become employed during the course of the policy period, are insured against claims resulting from errors and omissions as a real estate licensee.
3. The policy referenced below includes, at a minimum, the coverage set forth in Commission Rule D-14.
4. The insurance company listed below hereby agrees to immediately notify the named insured and the CREC (1560 Broadway, Ste. 924, Denver, CO, 80202) **in writing** of any cancellation or lapse in coverage.

Insurance representative, please complete the following information:

Policy Number	Policy Purchase Date	Policy Effective Date	Policy Expiration Date
HGI-1047897-00	12-21-2022	01-01-2023	01-01-2024

Insurance Agency Name	Insurance Agency License Number
CRES	113080

Insurance Company Address	City	State	Zip
PO Box 29502 #69121	Las Vegas	NV	89126-9502

Insurance Carrier Name	Insurance Carrier NAIC Number
HDI Global Insurance Company	41343

I declare under penalty of perjury in the second degree pursuant to C.R.S. 18-8-503 that I have read and understand the statute and rule on the reverse side of this form and the statements made in this application are true and complete to the best of my knowledge.

Print Name of Insurance Representative	License Number
Mark Turner	428267

Title of Insurance Representative	Signature of Insurance Representative	Date
Director of National Accounts		12-21-2022