



DATE (MM/DD/YYYY)

10/07/11

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 Cherry Creek Ins. Agency, Inc. Suite 500 5660 Greenwood Plaza Blvd. Greenwood Village, CO 80111 Patricia A. Wilderotter		CONTACT NAME: Katherine Vincent CISR PHONE (A/C, No, Ext): 720-330-7909 E-MAIL ADDRESS: Katherine.Vincent@cherrycreekins.com PRODUCER CUSTOMER ID #: SABLE-2		FAX (A/C, No): 303-799-0156	
INSURED	Sable Cove Condominium Assn 921 S. Dearborn Way Aurora, CO 80012	INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A : Auto Owners Ins Company			18988
		INSURER B : Great American Ins Company			
		INSURER C :			
		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.

LSR LTR	TYPE OF INSURANCE				ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY						74752460	10/01/11	10/01/12	EACH OCCURRENCE		\$ 1,000,000		
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY								DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 300,000		
		<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>						OCCUR	MED EXP (Any one person)		\$ 5,000	
										PERSONAL & ADV INJURY		\$ 1,000,000		
										GENERAL AGGREGATE		\$ 2,000,000		
										PRODUCTS - COMP/OP AGG		\$ 2,000,000		
												\$		
A	AUTOMOBILE LIABILITY						74752460	10/01/11	10/01/12	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000		
	<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)		\$		
		ALL OWNED AUTOS								BODILY INJURY (Per accident)		\$		
		SCHEDULED AUTOS								PROPERTY DAMAGE (Per accident)		\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS										\$		
	<input checked="" type="checkbox"/>	NON-OWNED AUTOS										\$		
												\$		
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR			UM2388452	10/01/11	10/01/12	EACH OCCURRENCE		\$ 15,000,000		
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE		\$ 15,000,000		
	DEDUCTIBLE											\$		
	RETENTION \$ 0											\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				N / A					<input type="checkbox"/>	WC STATUTORY LIMITS	<input type="checkbox"/>	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E.L. EACH ACCIDENT				\$
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE				\$
										E.L. DISEASE - POLICY LIMIT				\$
A	Property Special /100% RC						74752460 17 BLDGS/340 UNITS	10/01/11	10/01/12	Bikt Bldg Ded		24,342,842 2,500		

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

CERTIFICATE HOLDER

## CANCELLATION

Proof of Coverage	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 

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