



# CERTIFICATE OF LIABILITY INSURANCE

SABLE-2

OP ID: LIZ

DATE (MM/DD/YYYY)

10/01/2015

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).

<b>PRODUCER</b> Cherry Creek Ins. Agency, Inc. Suite 500 5660 Greenwood Plaza Blvd. Greenwood Village, CO 80111 Patricia A. Wilderotter	<b>CONTACT NAME:</b> Karen Suppes	
	<b>PHONE (A/C, No, Ext):</b> 303-799-0110 <b>FAX (A/C, No):</b> 303-799-0156	
	<b>E-MAIL ADDRESS:</b> Certificate@thinkcccig.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> National Surety Corporation	
	<b>INSURER B:</b> Great American Ins Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**INSURED**  
Sable Cove Condominium Assn  
%Mitch Powell  
921 S. Dearborn Way  
Aurora, CO 80012

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MZX80965955	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MZX80965955	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$			SEE NEXT PAGE	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Property Section</b> Special / 100% RC			MZX80965955 18 BLDGS / 340 UNITS	10/01/2015	10/01/2016	Blkt Bldg 33,715,070 Ded* 2,500

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

909, 910, 919, 920, 960, 970, 980, 921 S. Dawson Way; 912, 922, 932, 942, 962, 972, 982, 992 S. Dearborn Way; 14581, 14561 E. Ford Place, Aurora, CO 80012

\*\*\*CONTINUED ON REVERSE\*\*\*

**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

© 1988-2014 ACORD CORPORATION. All rights reserved.

# NOTEPAD

INSURED'S NAME **Sable Cove Condominium Assn**

**SABLE-2**  
**OP ID: LIZ**

PAGE 2  
Date **10/01/2015**

National Surety Corporation Policy #MZX80965955 includes:

\*2% Wind/Hail Deductible  
Ordinance or Law: Cov A Included; Cov B & C \$200,000  
Equipment Breakdown (Boiler & Machinery) included  
General Liability includes Separation of Insureds clause

COVERAGE: Umbrella  
INSURER: Travelers Casualty and Surety Insurance Company  
POLICY #: 105997269 Claims Made Prior & Pending proceeding date 10/01/02  
EFFECTIVE: 10/01/15 - 10/01/16  
LIMIT: \$10,000,000 / \$none

COVERAGE: Excess Liability  
INSURER: Ironshore Indemnity Inc  
POLICY #: TBD15/25  
EFFECTIVE: 10/01/15 - 10/01/16  
LIMIT: \$5,000,000 / X of \$10,000,000

COVERAGE: Directors & Officers  
INSURER: Travelers Casualty and Surety Insurance Company  
POLICY #: 105997269 Claims Made Prior & Pending proceeding date 10/01/02  
EFFECTIVE: 10/01/15 - 10/01/16  
LIMIT: \$1,000,000 / \$10,000 SIR

COVERAGE: Crime/Fidelity/Employee Theft (Includes Manager)  
INSURER: Great American Insurance Company  
POLICY #: 392567403358  
EFFECTIVE: 10/01/15 - 10/01/16  
LIMIT: \$900,000 / \$5,000 Deductible

This coverage applies only to the named insured shown on the certificate and does not apply to any other property, business or association.

The Association's Declarations includes:

If there were a covered property loss at Sable Cove, the master association's policy would rebuild the basic structure. Page 17, Section 8.2 defines the insurance responsibility for the owner; specifically "Insurance coverage on furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper and other items of personalty, or other property belonging to an Owner, and public liability coverage within each Condominium Unit, shall be the sole and direct responsibility of the Owner(s) thereof...." In a coverage claim we will rebuild to original specifications minus carpeting, draperies, appliances and improvements made since original construction.