



SABLCOV-01

DIANAR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2016

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 CCIG 5660 Greenwood Plaza Blvd. Suite 500 Greenwood Village, CO 80111	CONTACT NAME: PHONE (A/C, No, Ext): (303) 799-0110 FAX (A/C, No): (303) 799-0156 E-MAIL ADDRESS: Certificate@thinkccig.com
	INSURER(S) AFFORDING COVERAGE INSURER A: National Surety Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Sable Cove Condominium Assn %Mitch Powell c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012	NAIC # 21881

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	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MZX80973180	10/01/2016	10/01/2017	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MZX80973180	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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	Property-DED 2,500			MZX80973180	10/01/2016	10/01/2017	Blkt Bldg 33,715,070
A	Special / 100% RC			MZX80973180	10/01/2016	10/01/2017	17 BLDGS / 340 UNITS


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 

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ADDITIONAL REMARKS SCHEDULE

AGENCY CCIG		NAMED INSURED Sable Cove Condominium Assn %Mitch Powell c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverage

National Surety Corporation Policy #MZ80973180 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: Great American Insurance Companies

POLICY #: UM30075924 Claims Made Prior & Pending proceeding date 10/01/02

EFFECTIVE: 10/01/16 - 10/01/17

LIMIT: \$10,000,000 / none

COVERAGE: Excess Liability

INSURER: Ironshore Indemnity Inc

POLICY #: 002784800

EFFECTIVE: 10/01/16 - 10/01/17

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: 10/01/16 - 10/01/17

LIMIT: \$1,000,000 / \$10,000 SIR

COVERAGE: Crime/Fidelity/Employee Theft (Includes Manager)

INSURER: Great American Insurance Company

POLICY #: 392567403358

EFFECTIVE: 10/01/16 - 10/01/17

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.