



SABLCOV-01

MICHELLET

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2021

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 have ADDITIONAL INSURED provisions or 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 155 Inverness Drive West Englewood, CO 80112	CONTACT NAME: HOA Cert Team 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	
INSURED Sable Cove Condominium Association c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012	INSURER A: Evanston Insurance Company	
	INSURER B: Westchester Surplus Lines Ins	
	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.

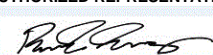
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			3AA509535	10/1/2021	10/1/2022	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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3AA509535	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property-DED* 25,000			D94990993	10/1/2021	10/1/2022	Bldg Bldg 33,865,970
B	Special / 100% RC			D94990993	10/1/2021	10/1/2022	17 BLDGS / 340 UNITS

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



ADDITIONAL REMARKS SCHEDULE

AGENCY CCIG		NAMED INSURED Sable Cove Condominium Association 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 Coverages

Policy #D94990993 includes:

Building Limit \$5,000,000

*5% Wind/Hail Deductible

Ordinance or Law: Cov A Included; Cov B & C \$200,000

Equipment Breakdown (Boiler & Machinery) included

Policy #3AA509535 includes:

General Liability includes Separation of Insureds clause

COVERAGE: Excess Property

INSURER: Homeland Insurance Company of New York

POLICY #: 795016450

EFFECTIVE: 10/01/21 - 10/01/22

LIMIT: \$28,865,970 IN EXCESS OF: \$5,000,000

COVERAGE: Umbrella Liability

INSURER: Great American Insurance Companies

POLICY #: UM30213355 Claims Made Prior & Pending proceeding date 10/01/02

EFFECTIVE: 10/01/21 - 10/01/22

LIMIT: \$10,000,000 / none

COVERAGE: Directors & Officers

INSURER: Travelers Casualty and Surety Insurance Company

POLICY #: 105997269 Claims Made Prior & Pending proceeding date 10/01/02

EFFECTIVE: 10/01/21 - 10/01/22

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

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

INSURER: Great American Insurance Company

POLICY #: SSA39256740335805

EFFECTIVE: 10/01/21 - 10/01/22

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.

Cancellation condition is 10 days before the effective date of cancellation if cancelled for non-payment or 30 days before the effective date of cancellation if cancelled for any other reason.

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 personally, 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.

As required by written contract or written agreement, a Waiver of Subrogation in favor of the Certificate Holder applies to General Liability.

SABLE COVE CONDOMINIUM ASSOCIATION 10/1/2021 – 10/1/2022 INSURANCE NEWSLETTER

Annually your Board of Directors purchases insurance for the condominium association that covers the buildings, personal property of the association, general liability on the common areas, fidelity coverage and directors' and officers' coverage. As unit owners, it is important that you maintain your own insurance to cover unit items that are your responsibility as detailed in Sable Cove HOA's declarations; your personal property and liability exposures that are not covered under your association's master insurance policy.

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.**

When obtaining an individual unit owner's insurance policy, if living in the unit, you need to obtain an HO6 (Condominium owner's) policy. The HO6 should include these four basic coverages: unit coverage, personal property coverage, liability coverage and loss assessment. The unit coverage should cover items specified in the declarations as the responsibility of the unit owner including window treatments, carpeting, appliances and any improvements/betterments made since original construction. Personal property coverage should include all furnishings and clothing. This coverage should be written on a replacement cost basis. Make sure the limit is adequate to cover the replacement of all your furniture, clothing, CD's, towels, linens and kitchenware, including dishes, pots and pans, etc. The unit owner needs to purchase liability insurance for anything that occurs within their unit. When someone enters your unit, the liability exposure becomes yours. Finally, loss assessment coverage applies if you are assessed by the association for an underinsured covered claim or the deductible portion of a claim. Most HO6 policies include \$1,000 of loss assessment coverage. **The association has a \$25,000 property deductible and a 5% wind/hail deductible which could result in a unit assessment of \$4,980. Make sure to check with your personal lines agent to see what is available and confirm there are no sub-limits or special endorsements needed to cover these deductibles.**

If renting the unit out, you need to purchase a rental condominium policy (landlord's policy). The landlord's policy should offer unit coverage, personal property coverage, liability coverage as well as a loss of rents in the event the unit must be vacated while it is being repaired/rebuilt.

We recommend that each unit owner take pictures or videos of the inside of your home and store them somewhere away from your home. In the event of a loss, this makes claims handling much easier.

If you have questions regarding the association's insurance you can reach our agent, Pat Wilderotter at 720-212-2065. **To request a certificate of insurance, please email your request to certificate@thinkccig.com, or fax your request to 303-799-0156. Attn: HOA Certificates**