



# CERTIFICATE OF LIABILITY INSURANCE

VISTA01

OP ID: DL

DATE (MM/DD/YYYY)

04/02/14

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>303-799-0110</b> <b>303-799-0156</b>	<b>CONTACT NAME:</b> Dawn Leary <b>PHONE (A/C, No, Ext):</b> 720-212-2055 <b>E-MAIL ADDRESS:</b> Certificate@thinkccig.com	<b>FAX (A/C, No):</b> 303-799-0156																				
	<b>INSURED</b> Vista Pointe Townhome Assn c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012-3735		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td><b>Auto Owners Insurance Company</b></td> <td><b>18988</b></td> </tr> <tr> <td>INSURER B :</td> <td><b>Great American Ins Company</b></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	<b>Auto Owners Insurance Company</b>	<b>18988</b>	INSURER B :	<b>Great American Ins Company</b>		INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

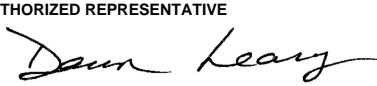
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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			74061072	03/15/14	03/15/15	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <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			74061072	03/15/14	03/15/15	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			UM1942898	03/15/14	03/15/15	EACH OCCURRENCE \$ <b>10,000,000</b> AGGREGATE \$ <b>10,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below N / A						WC STATUTORY LIMITS <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</b> <b>Special/100% RC</b>			74061072 11 BLDGS/47 UNITS	03/15/14	03/15/15	<b>Blkt Bldg</b> 12,113,200 <b>Ded*</b> 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: 4000-4051 E Geddes Circle Centennial CO 80122

\*\*CONTINUED ON REVERSE\*\*

**CERTIFICATE HOLDER****CANCELLATION**

<b>Proof of Coverage</b>	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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# NOTEPAD

INSURED'S NAME Vista Pointe Townhome Assn

VISTA01  
OP ID: DL

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Policy 74061072 includes:  
\* \$10,000 Wind/Hail Deductible  
General Liability includes Separation of Insureds clause

COVERAGE: Excess Liability  
INSURER: Ironshore Indemnity  
POLICY #: 001734500  
EFFECTIVE: 03/15/14 - 03/15/15  
LIMIT: \$5,000,000 / Excess of \$10,000,000

COVERAGE: Directors & Officers  
INSURER: Great American Insurance Company  
POLICY #: EPP5838653 Claims Made Pror & Pending Litigation Date 2/16/04  
EFFECTIVE: 03/15/14 - 03/15/15  
LIMIT: \$1,000,000 / SIR \$1,000

COVERAGE: Fidelity/Crime/Employee Dishonesty (Includes Manager)  
INSURER: Travelers Casualty and Surety Company of America  
POLICY #: 105880890  
EFFECTIVE: 03/15/14 - 03/15/16  
LIMIT: \$100,000 / SIR \$1,000

The Association's Declarations includes:  
Page 23, Article 8.2 states "Insurance obtained on the Units is not required to include improvements and betterments installed by Unit Owners". 8.1 (e) further states "Unit Owners may carry and are advised to carry other insurance on the Improvements and personal property in their Unit for their benefit..."