



# CERTIFICATE OF LIABILITY INSURANCE

SCHOL-1

OP ID: KU

DATE (MM/DD/YYYY)

04/07/2015

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>E-MAIL ADDRESS:</b> Certificate@thinkccig.com	<b>FAX (A/C, No):</b> 303-799-0156	
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> Scholar's Walk Townhomes Association Inc. Attn: Mitch Powell 921 S. Dearborn Way Aurora, CO 80012-3735	<b>INSURER A:</b> Travelers Group		<b>NAIC #</b> 24775
	<b>INSURER B:</b> Great American Ins Company		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**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.

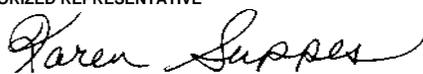
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6805E0899081542	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<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			6805E0899081542	05/01/2015	05/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM3305282	05/01/2015	05/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	<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		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Property</b> Special / 100% RC			6805E0899081542 2 BLDGS / 8 UNITS	05/01/2015	05/01/2016	Bldg* 3,987,344 Ded. 2,500

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

RE: 2304-2310 and 2312-2318 S University Blvd Denver CO 80210

\*\*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 Scholar's Walk Townhomes

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## \*Covered Property:

2304-2310 S University Blvd Building Limit \$1,961,656  
2312-2318 S University Blvd Building Limit \$2,025,688

## Policy 6805E089908 includes:

Deductible includes Wind/Hail  
Equipment/Machinery Breakdown Coverage  
Crime/Fidelity/Employee Dishonesty \$25,000 (includes Manager)  
Ordinance or Law-Demo & Increased Cost \$25,000 (each building)  
General Liability includes Separation of Insureds clause

COVERAGE: Directors & Officers Liability

INSURER: Great American Insurance Company

POLICY #: EPP4064892 Claims Made Prior & Pending Proceeding Date 5/1/14

EFFECTIVE: 05/01/15 - 05/01/16

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

## Association's Declarations includes:

If there were a covered property loss at Scholars Walk Townhomes, the master association's policy would rebuild the basic structure. Page 34, Section 9.9 defines the insurance responsibility for the owner; specifically "Each Owner shall be responsible for maintaining insurance... such insurance shall include, but may not be limited to, betterments and improvements from the original construction, furnishings and personal or other property in the Townhome and liability insurance...". This means we will rebuild to the original specifications of the developer but exclude any improvements made.