



# CERTIFICATE OF LIABILITY INSURANCE

MANCH-3

OP ID: DL

DATE (MM/DD/YYYY)

06/24/2015

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><br>Cherry Creek Ins. Agency, Inc.<br>Suite 500<br>5660 Greenwood Plaza Blvd.<br>Greenwood Village, CO 80111<br>Patricia A. Wilderotter | <b>CONTACT NAME:</b> Karen Suppes<br><b>PHONE (A/C, No, Ext):</b> 303-799-0110<br><b>E-MAIL ADDRESS:</b> Certificate@thinkccig.com |  | <b>FAX (A/C, No):</b> 303-799-0156 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A : <b>Scottsdale Insurance Company</b>  |  | <b>NAIC #</b>                      |
| <b>INSURED</b><br>Manchester Place HOA<br>% Mitch Powell<br>921 S Dearborn Way<br>Aurora, CO 80012   | <b>INSURER B :</b> Chubb Group   |  | <b>41386</b>                       |
|  | <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.

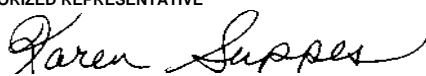
| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER                | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|------------------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CPS2265007                   | 06/29/2015              | 06/29/2016              | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b><br>MED EXP (Any one person) \$ <b>5,000</b><br>PERSONAL & ADV INJURY \$ <b>1,000,000</b><br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b><br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS  |           |          | CPS2265007                   | 06/29/2015              | 06/29/2016              | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |                              |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      |                              |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| B        | <b>Property</b><br><b>Special / 100% RC</b>   |           |          | 99785900<br>8 BLDGS/40 UNITS | 06/29/2015              | 06/29/2016              | <b>Blkt Bldg</b> <b>7,494,648</b><br><b>Ded*</b> <b>5,000</b>  |

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

RE: 15504, 15554, 15564, 15574 and 15594 E Wyoming Drive; 1379, 1389 and 1399 S Idalia Street Aurora CO 80017

\*\*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<br>  |

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# NOTEPAD

INSURED'S NAME **Manchester Place HOA**

**MANCH-3**

**OP ID: DL**

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Date **06/24/2015**

Policy 99785900 includes:

\*2% Wind/Hail Deductible with minimum of \$25,000  
Ordinance or Law 10% of building limit  
General Liability includes Separation of Insureds clause

COVERAGE: Directors & Officers

INSURER: Travelers Casualty and Surety Company of America

POLICY #: 105938700 Claims Made Prior & Pending Proceeding Date 06/06/03

EFFECTIVE: 06/29/14 - 06/29/15

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

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

INSURER: Great American Insurance Company

POLICY #: 392567403070

EFFECTIVE: 06/29/15 - 06/29/16

LIMIT: \$50,000 / DEDUCTIBLE: \$1,000

Association Declarations Include the Following:

Page 16, Section 9.12. states: "Each Owner may obtain physical damage and liability insurance...covering the Owner's Lot and improvements, personal property and personal liability"