



# CERTIFICATE OF LIABILITY INSURANCE

VISTA01

OP ID: DG

DATE (MM/DD/YYYY)

03/15/2016

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).

<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> HOA Certifiante Team <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> Vista Pointe Townhome Assn c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012-3735	<b>INSURER A :</b> Scottsdale Insurance Company	
	<b>INSURER B :</b> Westchester Surplus Lines Ins	
	<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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			<b>CPS2192661</b>	<b>03/15/2016</b>	<b>03/15/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$
<b>A</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			<b>CPS2192661</b>	<b>03/15/2016</b>	<b>03/15/2017</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>SEE NEXT</b>	<b>03/15/2016</b>	<b>03/15/2017</b>	EACH OCCURRENCE \$ <b>15,000,000</b> AGGREGATE \$ <b>15,000,000</b> \$
	<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	Y/N	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 \$
<b>B</b>	<b>Property</b> <b>Special / 100% RC</b>			<b>D37432416</b> <b>11 BLDGS / 47 UNITS</b>	<b>03/15/2016</b>	<b>03/15/2017</b>	<b>Blkt Bldg</b> <b>12,854,920</b> <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: 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: DGPAGE 2  
Date **03/15/2016**

Policy D37432416 includes:

\*2% Wind/Hail Deductible

Ordinance or Law: Cov A Included; Cov B \$50,000; Cov C \$50,000

Equipment Breakdown

General Liability includes Separation of Insureds clause

COVERAGE: Umbrella

INSURER: Great American Insurance Co

POLICY #: UM3842794

EFFECTIVE: 03/15/16 - 03/15/17

LIMIT: \$10,000,000

COVERAGE: Excess Liability

INSURER: Ironshore Indemnity

POLICY #: 002465000

EFFECTIVE: 03/15/16 - 03/15/17

LIMIT: \$5,000,000 / Excess of \$10,000,000

COVERAGE: Directors &amp; Officers

INSURER: Great American Insurance Company

POLICY #: EPP5838653 Claims Made Prior &amp; Pending Proceeding Date 2/16/04

EFFECTIVE: 03/15/16 - 03/15/17

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: 03/15/16 - 03/15/17

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..."

This coverage applies only to the named insured shown on the certificate and does not apply to any other property, business or association.