



SCHOWAL-01

DAWNG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/10/2017

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 5660 Greenwood Plaza Blvd. Suite 500 Greenwood Village, CO 80111	CONTACT NAME: 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		NAIC #	
INSURED Scholar's Walk Townhomes Association, Inc. 921 S. Dearborn Way Aurora, CO 80012-3735	INSURER A : Travelers Group		24775
	INSURER B : Great American Ins Company		16691
	INSURER C :		
	INSURER D :		
	INSURER E :		

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:			6805E0899081642	05/01/2017	05/01/2018	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6805E0899081642	05/01/2017	05/01/2018	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UM30095890	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property-DED** 2,500			6805E0899081642	05/01/2017	05/01/2018	E.L. DISEASE - POLICY LIMIT \$ 4,230,171
A	Special / 100% RC			6805E0899081642	05/01/2017	05/01/2018	2 BLDGS / 8 UNITS

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 Proof of Coverage	CANCELLATION 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 Scholar's Walk Townhomes Association, Inc. 921 S. Dearborn Way Aurora, CO 80012-3735	
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 Coverage

*Covered Property:
 2304-2310 S University Blvd Building Limit \$2,081,120
 2312-2318 S University Blvd Building Limit \$2,149,051

Policy 6805E089908 includes:
 **2% Wind/Hail Deductible
 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: 05/01/17 - 05/01/18
 LIMIT: \$1,000,000 / SIR: \$1,000

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

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.