



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**6/8/2021**

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).

<b>PRODUCER</b> <b>CCIG</b> 155 Inverness Drive West Englewood, CO 80112	<b>CONTACT NAME:</b> HOA Cert Team															
	<b>PHONE (A/C, No, Ext):</b> (303) 799-0110	<b>FAX (A/C, No):</b> (303) 799-0156														
	<b>E-MAIL ADDRESS:</b> certificate@thinkccig.com															
<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Berkshire Hathaway GUARD Insurance Companies</td> <td></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Berkshire Hathaway GUARD Insurance Companies		<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURED</b>  Manchester Place HOA c/o Mitch Powell 921 S Dearborn Way Aurora, CO 80012																


**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.

INSTR 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"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			MABP241776	6/29/2021	6/29/2022	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> 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			MABP241776	6/29/2021	6/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N    N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	Property-DED* 10,000			MABP241776	6/29/2021	6/29/2022	Blanket Building
<b>A</b>	Special / 100% RC			MABP241776	6/29/2021	6/29/2022	8 BLDGS/40 UNITS      7,766,380

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\*\*

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
Proof of Coverage		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 <b>CCIG</b>		NAMED INSURED Manchester Place HOA c/o Mitch Powell 921 S Dearborn Way Aurora, CO 80012	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

## Additional Coverages

## Policy MABP241776 includes:

\*1% Wind/Hail Deductible - 15504, 15554 E Wyoming Drive / \*5% Wind/Hail Deductible for all Others  
Building Ordinance or Law - Cov A-Included; Cov B-\$500,000; Cov C-\$500,000  
Water/Sewer Back up Limit \$50,000  
Equipment Breakdown  
Business Income w/Extra Expense  
General Liability includes Separation of Insureds clause

## COVERAGE: Directors &amp; Officers

INSURER: Travelers Casualty and Surety Company of America  
POLICY #: 105938700 Claims Made Prior & Pending Proceeding Date 06/06/03  
EFFECTIVE: 06/29/21 - 06/29/22  
LIMIT: \$1,000,000 / \$1,000 SIR

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

INSURER: Great American Insurance Company  
POLICY #: SSA39256740307006  
EFFECTIVE: 06/29/21 - 06/29/22  
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"

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

Cancellation condition is 10 days before the effective date of cancellation if cancelled for non-payment or 30 days before the effective date of cancellation if cancelled for any other reason.

## MANCHESTER PLACE HOMEOWNERS ASSOCIATION 6/29/2021 – 6/29/2022 INSURANCE NEWSLETTER

Annually your Board of Directors purchases insurance for the condominium association that covers the buildings, personal property of the association, general liability on the common areas, fidelity coverage and directors' and officers' coverage. As unit owners, it is important that you maintain your own insurance to cover unit items that are your responsibility as detailed in Manchester Place HOA's declarations, your personal property and liability exposures that are not covered under your association's master insurance policy.

If there were a covered property loss at Manchester Place, the master association's policy would rebuild the basic structure. **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."** This means we will rebuild the interior to original construction but not improvements added since original construction.

When obtaining an individual unit owner's insurance policy, if living in the unit, you need to obtain an HO6 (Condominium owner's) policy. The HO6 should include these four basic coverages: unit coverage, personal property coverage, liability coverage and loss assessment. The unit coverage should cover items specified in the declarations as the responsibility of the unit owner including window treatments and any improvements/betterments made since original construction. Personal property coverage should include all furnishings and clothing. This coverage should be written on a replacement cost basis. Make sure the limit is adequate to cover the replacement of all your furniture, clothing, kitchen wares including dishes, pots and pans, CDs, towels and linens etc. The unit owner needs to purchase liability insurance for anything that occurs within their unit. When someone enters your unit, the liability exposure becomes yours. **Finally, loss assessment coverage applies if you are assessed by the association for an underinsured covered claim or the deductible portion of a claim. The association has a 1% to 5% wind/hail deductible which could result in an owner being assessed \$2,000 to \$9,500. The association also has a \$10,000 deductible for all other property claims. Make sure to check with your personal lines agent to see what is available under your HO6 to cover these deductibles and that there are no sub-limits or special endorsements needed.**

If renting the unit out, you need to purchase a rental condominium policy (landlord's policy). The landlord's policy should offer unit coverage, personal property coverage, liability coverage as well as a loss of rents in the event the unit must be vacated while it is being repaired/rebuilt.

We recommend that each unit owner take pictures or videos of the inside of your home and store them somewhere away from your home. In the event of a loss, this makes claims handling much easier.

If you have questions regarding the association's insurance you can reach our agent, Pat Wilderotter, at 720-212-2065. **To request a certificate of insurance, please email your request to [certificate@thinkccig.com](mailto:certificate@thinkccig.com) or fax your request to 303-799-0156 attn: HOA Dept.**