



VISTPOI-01

LIZS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2019

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: HOA Cert Team

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

Vista Pointe Townhome Assn  
C/O Mitch Powell  
921 S. Dearborn Way  
Aurora, CO 80012-3735

INSURER A : Scottsdale Insurance Company

INSURER B : Great American Ins Company

16691

INSURER C : Westchester Surplus Lines Ins

10172

INSURER D :

INSURER E :

INSURER F :

## 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 SUBR INSD 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"/> PROJECT <input type="checkbox"/> LOC OTHER:		CPS2982746	3/15/2019	3/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ 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		UM30155539	3/15/2019	3/15/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
	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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property-DED* \$5,000		D37432416005	3/15/2019	3/15/2020	Blanket Building
C	Special / 100% RC		D37432416005	3/15/2019	3/15/2020	11 BLDGS / 47 UNITS

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

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

Page 1 of 1

AGENCY <b>CCIG</b>		NAMED INSURED Vista Pointe Townhome Assn C/O Mitch Powell 921 S. Dearborn Way Aurora, CO 80012-3735	
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 D37432416 includes:

\*2% Wind/Hail Deductible  
Ordinance or Law: Cov A Included; Cov B & Cov C \$500,000  
Equipment Breakdown  
General Liability includes Separation of Insureds clause  
Actual Cash Value on roofs 15 years and equipment older than 25 years

## COVERAGE: Umbrella

INSURER: Great American Insurance Co  
POLICY #: UM2259894  
EFFECTIVE: 03/15/19 - 03/15/20  
LIMIT: \$10,000,000

## COVERAGE: Excess Liability

INSURER: Ironshore Indemnity  
POLICY #: 003638400  
EFFECTIVE: 03/15/19 - 03/15/20  
LIMIT: \$5,000,000 / Excess of \$10,000,000

## COVERAGE: Directors &amp; Officers

INSURER: Great American Insurance Company  
POLICY #: EPP5838653 Claims Made Prior & Pending Proceeding Date 2/16/04  
EFFECTIVE: 03/15/19 - 03/15/20  
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: 03/15/19 - 03/15/20  
LIMIT: \$250,000 / SIR \$2,500

## 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.

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.



## VISTA POINTE TOWNHOME ASSOCIATION 3/15/2019 – 3/15/2020 INSURANCE NEWSLETTER

Annually your Board of Directors purchases insurance for the townhome association that covers the buildings, personal property of the association, general liability on the common areas, fidelity coverage and directors and officer's coverage. As unit owners, it is important that you maintain your own insurance to cover unit items that are your responsibility as detailed in Vista Pointe Townhome Association'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 Vista Pointe, the master association's policy would rebuild the basic structure. Page 22, Article 8.1 (e) defines the insurance responsibility for the Owner; specifically, "Unit Owners may carry and are advised to carry other insurance on the Improvements and personal property in their Unit...". This means we will rebuild to the original specifications of the developer but exclude any improvements made 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 2% wind/hail deductible. If assessed for a wind/hail claim, each owner could be assessed \$5,755. To raise your loss assessment to \$10,000 should be a minimal charge. Make sure to check with your personal lines agent to see what is available and that there are no sub-limits or special endorsements needed to cover this deductible.**

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.**