



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/21/2024

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
155 Inverness Drive West
Englewood CO 80112

CONTACT
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License#: 45339
VISTPOI-01

INSURED
Vista Pointe Townhome Association, Inc
c/o Mitch Powell
921 S. Dearborn Way
Aurora CO 80012-3735

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Great American E & S Ins Co	37532
INSURER B : Federal Insurance Company	20281
INSURER C : Travelers Casualty and Surety	31194
INSURER D : Great American Ins Company	16691
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 466514690

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:			PLE960105-01	3/15/2024	3/15/2025	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 \$ Included Hired/Non-Owned Auto \$ Included
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			G74701796	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C D	Crime/Fidelity/Employee Dishonest Directors & Officers Liability			105880890 EPP583865321	3/15/2024 3/15/2024	3/15/2025 3/15/2025	Deductible: \$2,500 Deductible: \$1,000 250,000 1,000,000

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

See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Master Certificate
XXXXXXXXXXXX
XXXXXXXXXX XX XXXXX

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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ADDITIONAL REMARKS SCHEDULE

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AGENCY CCIG		NAMED INSURED Vista Pointe Townhome Association, Inc c/o Mitch Powell 921 S. Dearborn Way Aurora CO 80012-3735
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Crime and D&O listed on the first page with policy date/limits/deductibles

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Management Company and Manager, Board Members and Volunteers

COVERAGE: Primary Property

POLICY CARRIER: Arch Insurance Company

POLICY NUMBER: NHPRP0123101

POLICY DATES: 3/15/2024-3/15/2025

COVERAGE LIMIT: \$19,200,929

DEDUCTIBLE: \$25,000

WIND/HAIL COVERAGE DEDUCTIBLE: 5% per Bldg Subject to Minimum \$100,000 per occurrence

EQUIPMENT BREAKDOWN DEDUCTIBLE: \$25,000

PROPERTY ENHANCEMENT DEDUCTIBLE: \$2,500

Buildings: 14

Units: 47

Replacement Cost applies up to the buildings limit

Coinurance - NIL

Special Causes of Loss excluding Earthquake and Flood

Subject to policy limits and exclusions.

Equipment Breakdown/Boiler & Machinery Included

Ordinance or Law Included:

A – Undamaged Portion of Building is Included in Building Limit

B – Demolition Cost is 10% of each Scheduled Building Limit

C – Increased Cost of Construction is 10% of each Scheduled Building Limit

Inflation Guard is not included on policy. Limits are reviewed/reassessed annually to ensure adequate building coverage on project.

Locations must be shown on policy for coverage to apply.

This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated project.

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.

Cancellation – 10 days prior to cancellation date.

*****PLEASE READ*****

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The Governing Documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses covered by Policy (All addresses are Centennial, CO 80122)

*Street Addresses *Building Limit *Number of Units

4001-4007 E Geddes Cir – \$1,561,648 – 4 Units

4009-4012 E Geddes Cir – \$1,189,210 – 3 Units

4040-4046 E Geddes Cir – \$1,561,648 – 4 Units

4032-4038 E Geddes Cir – \$1,561,648 – 4 Units

4000-4010 E Geddes Cir – \$2,368,806 – 6 Units

4012-4016 E Geddes Cir – \$1,189,210 – 3 Units

4018-4024 E Geddes Cir – \$1,561,648 – 4 Units

4043-4051 E Geddes Cir – \$2,036,705 – 5 Units

4033-4041 E Geddes Cir – \$2,036,705 – 5 Units

4015-4021 E Geddes Cir – \$1,561,648 – 4 Units

4023-4031 E Geddes Cir – \$2,036,705 – 5 Units

Total Buildings Limit – \$18,665,581

Cancellation – 10 days prior to cancellation date.

VISTA POINTE TOWNHOME ASSOCIATION 3/15/2024 – 3/15/2025 INSURANCE NEWSLETTER

CCIG has the privilege of providing Vista Pointe's master insurance for the townhome association that covers, but is not limited to, 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.

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. In addition to protecting the interior of the unit as required by the declarations, there are several other coverages you will want to discuss with your personal insurance agent. The HO6 should include these five basic coverages: unit coverage, personal property coverage, liability coverage, loss of use and loss assessment.

The association has a \$25,000 property deductible and a 5% wind/hail deductible. If a total wind/hail loss was experienced, each of the 47 owners could be assessed their share, according to the declarations, of the 5% of the building limit of \$18,665,581 (\$933,280). 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 these deductibles.

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.

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 or fax your request to 303-799-0156 attn: HOA Dept.**