



# CERTIFICATE OF LIABILITY INSURANCE

CHEES-4

OP ID: DL

DATE (MM/DD/YYYY)

03/28/14

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><br>Cherry Creek Ins. Agency, Inc.<br>Suite 500<br>5660 Greenwood Plaza Blvd.<br>Greenwood Village, CO 80111<br>Patricia A. Wilderotter |                            | <b>303-799-0110</b><br><b>303-799-0156</b>                                                                                                                                                                                                                                                                                                                                                                                             | <b>CONTACT NAME:</b> Dawn Leary<br><b>PHONE (A/C, No, Ext):</b> 720-212-2055<br><b>E-MAIL ADDRESS:</b> Certificate@thinkccig.com<br><b>FAX (A/C, No):</b> 303-799-0156 |                               |  |        |            |                      |  |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|------------|----------------------|--|------------|----------------------------|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>Cheesman Tower West<br>Condominiums<br>c/o WestStar<br>6795 East Tennessee Ave #601<br>Denver, CO 80224                              |                            | <table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Granite State Ins Co</td><td></td></tr><tr><td>INSURER B:</td><td>Great American Ins Company</td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> |                                                                                                                                                                        | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | Granite State Ins Co |  | INSURER B: | Great American Ins Company |  | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE                                                                                                                          |                            | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                               |  |        |            |                      |  |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A:                                                                                                                                             | Granite State Ins Co       |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                               |  |        |            |                      |  |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:                                                                                                                                             | Great American Ins Company |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                               |  |        |            |                      |  |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:                                                                                                                                             |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                        |                               |  |        |            |                      |  |            |                            |  |            |  |  |            |  |  |            |  |  |            |  |  |
| 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 INSR WVD                                  | POLICY NUMBER                  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                              |
|----------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------|-------------------------|-------------------------|-----------------------------------------------------|
| A        | GENERAL LIABILITY                                                                                        |                                                     | 046059635                      | 04/01/14                | 04/01/15                | EACH OCCURRENCE \$ 1,000,000                        |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         |                                                     |                                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                                     |                                |                         |                         | MED EXP (Any one person) \$ 5,000                   |
|          |                                                                                                          |                                                     |                                |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER                                                                        |                                                     |                                |                         |                         | GENERAL AGGREGATE \$ 2,000,000                      |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                                     |                                |                         |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000                 |
| A        | AUTOMOBILE LIABILITY                                                                                     |                                                     | 046059635                      | 04/01/14                | 04/01/15                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000    |
|          | <input type="checkbox"/> ANY AUTO                                                                        |                                                     |                                |                         |                         | BODILY INJURY (Per person) \$                       |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                                 | <input type="checkbox"/> SCHEDULED AUTOS            |                                |                         |                         | BODILY INJURY (Per accident) \$                     |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                                          | <input checked="" type="checkbox"/> NON-OWNED AUTOS |                                |                         |                         | PROPERTY DAMAGE (Per accident) \$                   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR              |                                                     | UM1942898                      | 04/01/14                | 04/01/15                | EACH OCCURRENCE \$ 10,000,000                       |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                |                                                     |                                |                         |                         | AGGREGATE \$ 10,000,000                             |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 0                         |                                                     |                                |                         |                         |                                                     |
|          |                                                                                                          |                                                     |                                |                         |                         |                                                     |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |                                                     |                                |                         |                         | WC STATUTORY LIMITS OTH-ER                          |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input type="checkbox"/> Y/N                        |                                |                         |                         | E L EACH ACCIDENT \$                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   | N/A                                                 |                                |                         |                         | E L DISEASE - EA EMPLOYEE \$                        |
|          |                                                                                                          |                                                     |                                |                         |                         | E L DISEASE - POLICY LIMIT \$                       |
| A        | Property<br>Special/100% RC                                                                              |                                                     | 025888741<br>1 BLDG / 73 UNITS | 04/01/14                | 04/01/15                | Building<br>Ded* 13,874,084<br>5,000                |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: 1200 Humboldt Street Denver, CO 80218

\*\*\*CONTINUED ON REVERSE\*\*\*

**CERTIFICATE HOLDER****CANCELLATION**

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

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# NOTEPAD

INSURED'S NAME Cheesman Tower West

CHEES-4  
OP ID: DL

PAGE 2  
DATE 03/28/14

Policy # 025888741 includes  
\*\$25,000 wind/hail Deductible

Policy # 046059635 includes  
General Liability includes Separation of Insureds clause

COVERAGE: Excess Liability  
INSURER: Ironshore Indemnity Inc  
POLICY #: 001734500  
EFFECTIVE: 04/01/14 - 04/01/15  
LIMIT: \$15,000,000

COVERAGE: Directors & Officers Liability  
INSURER: Great American Insurance Company  
POLICY #: EPP5347082 Claims Made Prior & Pending Litigation Date: 4/1/03  
EFFECTIVE: 04/01/2014 - 04/01/2015  
LIMIT: \$1,000,000 / \$1,000 SIR

COVERAGE: Crime/Fidelity/Employee Dishonesty - Includes Manager  
INSURER: Great American Insurance Company  
POLICY #: 55438210015  
EFFECTIVE: 04/01/2014 - 04/01/2015  
LIMIT: \$300,000 / \$2,500 Deductible

## Association's Declarations Include the Following:

Page 9, Section 14. (1) states "...insurance shall insure the entire Property...including all of the Units and the fixtures therein initially installed or conveyed by the Declarant..."  
Page 10, 14 (e) "Insurance coverage on improvements and fixtures installed by an Owner and furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper, disposal and other items of personal property belonging to an Owner, and public liability coverage within each Unit, shall be the sole and direct responsibility of the Owner thereof..."