



CHEES-4

OP ID: KU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/31/2015

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).

PRODUCER Cherry Creek Ins. Agency, Inc. Suite 500 5660 Greenwood Plaza Blvd. Greenwood Village, CO 80111 Patricia A. Wilderotter		CONTACT NAME: Karen Suppes PHONE (A/C, No, Ext): 303-799-0110 E-MAIL ADDRESS: Certificate@thinkccig.com FAX (A/C, No): 303-799-0156	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Granite State Ins Co	
		INSURER B:	
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			055826330	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			055826330	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	☒ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			SEE PAGE 2	04/01/2015	04/01/2016	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Agreed Value			025888741 1 BLDG / 73 UNITS	04/01/2015	04/01/2016	Building 14,681,968 Ded* 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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
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Policy #025888741 includes
*Wind/Hail Deductible \$25,000
*Flood/Earth Movement Limit: \$5,000,000 / Deductible \$25,000
Ordinance or Law
Equipment Breakdown (Boiler & Machinery)
Policy # 055826330 includes
General Liability includes Separation of Insureds clause

COVERAGE: Umbrella Liability
INSURER: Great American Insurance Company
POLICY #: UM3305282
EFFECTIVE: 04/01/15 - 04/01/16
LIMIT: \$10,000,000 / \$0 SIR

COVERAGE: Excess Liability
INSURER: Ironshore Indemnity Inc.
POLICY #: #002058500
EFFECTIVE: 04/01/15 - 04/01/16
LIMIT: \$15,000,000 / Excess of \$10,000,000

COVERAGE: Directors & Officers Liability
INSURER: Great American Insurance Company

POLICY #: EPP5347082 Claims Made/prior & pending proceeding date 04/01/03
EFFECTIVE: 04/01/15 - 04/01/16
LIMIT: \$1,000,000 / \$1,000 SIR

COVERAGE: Crime/Fidelity/Employee Dishonesty - Includes Manager
INSURER: Great American Insurance Company
POLICY #: 55438210015
EFFECTIVE: 04/01/2015 - 04/01/2016
LIMIT: \$300,000 / \$2,500 Deductible
Association's Declarations state: Page 9, Section 14. (1)"...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... and

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