

C1RDAVIS



DATE (MM/DD/YYYY) 11/20/2023

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.

							terms and conditions of ificate holder in lieu of su				require an endors	sement	. A s	statement on
PRODUCER AssuredPartners 4582 S. Ulster Street Suite 600									CONTACT NAME:					
									PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No):					
		CO 80237	uite	. 000				E-MAIL ADDRESS:						
								INSURER(S) AFFORDING COVERAGE					NAIC #	
								INSURER A: Auto Owners Insurance Company				18988		
INSU	IRED							INSURER B : Great Divide Insurance Company					25224	
		Cherry C	reek	Village North	Civic	Asso	ociation, Inc.	INSURE	R C :					
		9000 É Tu						INSURER D:						
		Greenwo	od \	/illage, CO 801	11			INSURE	RE:					
								INSURE	RF:					
СО	VER	RAGES		CER	TIFIC	CATE	NUMBER:				<b>REVISION NUMB</b>	ER:		
IN C	IDIC/ ERTI	ATED. NOTWIT IFICATE MAY B	THST E IS	FANDING ANY F SSUED OR MAY	REQUI PER	REME TAIN,	SURANCE LISTED BELOW   ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TO	O WHICH THIS
INSR		TYPE OF I				ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)				LIMITS		
A	Х	COMMERCIAL GE			INSD	WVD	FULIUT NUMBER		(IVIIVI/DU/TTTT)	(INIM/DU/TTTT)	EACH OCCURRENCE		\$ 1,000,000	
		CLAIMS-MAD		X OCCUR			74813752-23		11/19/2023	11/19/2024	DAMAGE TO RENTED PREMISES (Ea occurre		\$	300,000
			L				1010102 20		11/10/2020	11,10,2021	MED EXP (Any one pers	· '	\$	10,000
											PERSONAL & ADV INJI		\$	1,000,000
	GEN	) N'L AGGREGATE LII	MIT A	ADDI IES DED:							GENERAL AGGREGAT		\$	2,000,000
	X	POLICY PR		LOC							PRODUCTS - COMP/O		\$	2,000,000
		OTHER:	CI								FRODUCTS - COMPTO		\$	
Α	AUT	TOMOBILE LIABILIT	Υ								COMBINED SINGLE LIF	MIT	\$	1,000,000
		ANY AUTO					74813752-23		11/19/2023	11/19/2024	(Ea accident) BODILY INJURY (Per pe		\$	
		OWNED AUTOS ONLY		SCHEDULED AUTOS							BODILY INJURY (Per a		\$	
	X	HIRED AUTOS ONLY	Х	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
		AUTOS ONLY	-	AUTOS ONLY							(Fer accident)		\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE		\$	
		EXCESS LIAB	t	CLAIMS-MADE							AGGREGATE		\$	
		DED RETE	NTIC								AGGREGATE		\$	
	WOF										PER STATUTE	OTH- ER	Ψ	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE									E.L. EACH ACCIDENT		\$			
	ANT PROPRIETOR PARTNER/EACUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. DISEASE - EA EMP				
										E.L. DISEASE - POLICY				
B Directors & Officers					CM000000579-10		11/19/2023	11/19/2024	Deductible: \$2,50		Ψ	1,000,000		
											·			
PLE own	ASE ed C	NOTE: This pr	ope S O	rty DOES NOT i NLY. An individ	nsure Iual H	any ome	D 101, Additional Remarks Schedu individual residential hom owners policy will be requi CIFIC INFORMATION	es or u	nits. Coveraç	ge under this	Property policy is	provide	ed for	the HOA
CE	DTIE	FICATE HOLD	FP					CANO	CELLATION					
UE	<u> </u>	ION IE HULD	<u>∟r∖</u>					CAN	<u> </u>					
Informational Certificate							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
								AUTHO	RIZED REPRESE	NTATIVE				

LOC #: 1



## ADDITIONAL REMARKS SCHEDULE

Page	1	of	1
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AGENCY		NAMED INSURED				
AssuredPartners		Cherry Creek Village North Civic Association, Inc. 9000 E Tufts Ave				
POLICY NUMBER		Greenwood Village, CO 80111				
SEE PAGE 1						
CARRIER	NAIC CODE					
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1				

## **ADDITIONAL REMARKS**

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

**Property & Additional Information** 

**CARRIER: Auto Owners Insurance Company** 

POLICY: Property (HOA Common Area Property Only)

POLICY#: 74813752-23

EFFECTIVE: 11/19/23 - 11/19/24 PROPERTY LIMIT: \$30,000 DEDUCTIBLE: \$500

100% Replacement Cost up to the limit of insurance

No Co-Insurance

Equipment Breakdown not included Severability of Interest is Included Waiver of Subrogation applies

POLICY IS DEDICATED SOLELY TO THE NAMED INSURED AND IS NOT SHARED OR AFFILIATED WITH ANY OTHER ASSOCIATION

OR POOLED PROGRAM

CANCELLATIONS: 10 Day Notice of Cancellation provided to the insured per the policy provisions

FIDELITY/CRIME POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

## \*\*\*\*\*\* PLEASE READ\*\*\*\*\*\*

Insurance is for Building coverage and General Liability for the Association's common areas only. Please refer to the Association's CC&R's for details on coverage to be provided by the Unit Owners. The CC&R's can be provided by the Unit Owner or the Management Company only. Please be advised that an HO3 (owner occupancy) or HO4 (tenant occupancy) policy is necessary. Contact your personal insurance carrier to verify your required coverage.

This is a summary of coverage only and does not take the place of an actual insurance contract. Coverage is subject to the terms, conditions and exclusions on the insurance policies. Please refer to the actual policy for complete details