



SABLCOV-01

KATHYS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2022

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 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		
INSURED  Sable Cove Condominium Association c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Kinsale Insurance Co.		38920
	INSURER B : United States Liability Ins Co		
	INSURER C : Illinois National Ins. Co.		23817
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			0100209538-0	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$				
			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 \$ 2,000,000
	OTHER:						\$
A	AUTOMOBILE LIABILITY			0100209538-0	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
						\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUP1570284	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 5,000,000				
	DED <input checked="" type="checkbox"/> RETENTION \$ 0		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Property-DED* 25,000			D94990993003	10/1/2022	10/1/2023	Blkt Bldg 33,865,970
C	Special / 100% RC			D94990993003	10/1/2022	10/1/2023	17 BLDGS / 340 UNITS

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

RE: 909, 910, 919, 920, 960, 970, 980, 921 S. Dawson Way; 912, 922, 932, 942, 962, 972, 982, 992 S. Dearborn Way; 14581, 14561 E. Ford Place; Aurora CO 80012

\*\*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

**ADDITIONAL REMARKS SCHEDULE**

AGENCY <b>CCIG</b>		NAMED INSURED Sable Cove Condominium Association c/o Mitch Powell 921 S. Dearborn Way Aurora, CO 80012	
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

**\*\*Continued on reverse\*\*****Policy #D94990993 includes:**

Building Limit \$5,000,000

\*5% Wind/Hail Deductible

Ordinance or Law: Cov A Included; Cov B &amp; C \$200,000

Equipment Breakdown (Boiler &amp; Machinery) included

**Policy #0100209538-0 includes:**

General Liability includes Separation of Insureds clause

**COVERAGE: Excess Property****INSURER:** Homeland Insurance Company of New York**POLICY #:** 795016450**EFFECTIVE:** 10/01/22- 10/01/23**LIMIT:** \$23,865,970 IN EXCESS OF: \$5,000,000**COVERAGE: Umbrella Liability****INSURER:** United States Liability Insurance**POLICY #:** CUP1570284 Claims Made Prior & Pending proceeding date 10/01/02**EFFECTIVE:** 10/01/22- 10/01/23**LIMIT:** \$5,000,000 / none**COVERAGE: Directors & Officers****INSURER:** United States Liability Insurance**POLICY #:** CAP1566450 Claims Made Prior & Pending proceeding date 10/01/02**EFFECTIVE:** 10/01/22 - 10/01/23**LIMIT:** \$1,000,000 / \$10,000 SIR**COVERAGE: Crime/Fidelity/Employee Theft (Includes Manager)****INSURER:** Great American Insurance Company**POLICY #:** SSA39256740335805**EFFECTIVE:** 10/01/22 - 10/01/23**LIMIT:** \$900,000 / \$5,000 Deductible

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.

The Association's Declarations includes: If there were a covered property loss at Sable Cove, the master association's policy would rebuild the basic structure. Page 17, Section 8.2 defines the insurance responsibility for the owner; specifically "Insurance coverage on furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper and other items of personally, or other property belonging to an Owner, and public liability coverage within each Condominium Unit, shall be the sole and direct responsibility of the Owner(s) thereof...." In a coverage claim we will rebuild to original specifications minus carpeting, draperies, appliances and improvements made since original construction.

As required by written contract or written agreement, a Waiver of Subrogation in favor of the Certificate Holder applies to General Liability.



## **SABLE COVE CONDOMINIUM ASSOCIATION 10/1/2022 – 10/1/2023 INSURANCE NEWSLETTER**

Annually your Board of Directors purchases insurance for the condominium association that covers the buildings, personal property of the association, general liability on the common areas, fidelity coverage and directors' and officers' coverage. As unit owners, it is important that you maintain your own insurance to cover unit items that are your responsibility as detailed in Sable Cove HOA'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 Sable Cove, the master association's policy would rebuild the basic structure. **Page 17, Section 8.2 defines the insurance responsibility for the owner; specifically, "Insurance coverage on furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper and other items of personalty, or other property belonging to an Owner, and public liability coverage within each Condominium Unit, shall be the sole and direct responsibility of the Owner(s) thereof..." In a coverage claim we will rebuild to original specifications minus carpeting, draperies, appliances and 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 five basic coverages: unit coverage, personal property coverage, liability coverage, loss of use and loss assessment. The unit coverage should cover items specified in the declarations as the responsibility of the unit owner including window treatments, carpeting, appliances 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, CD's, towels, linens and kitchenware, including dishes, pots and pans, 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. Loss of use applies if you have to vacate your unit while it is being rebuilt/repared. We recommend an unlimited time frame if available but if not at least two years. Finally, loss assessment coverage applies if you are assessed by the association for an underinsured covered claim or the deductible portion. **The association has a \$25,000 property deductible and a 5% wind/hail deductible which could result in a unit assessment of \$4,980. Make sure to check with your personal lines agent to see what is available and confirm 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.

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 Certificates**