



SABLCOV-01

KATHYS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/3/2023

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. 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<br>CCIG<br>155 Inverness Drive West<br>Englewood, CO 80112  | CONTACT NAME:                              |                               |        |
|  | PHONE (A/C, No, Ext): (303) 799-0110       | FAX (A/C, No): (303) 799-0156 |        |
|  | E-MAIL ADDRESS: info@thinkccig.com         |                               |        |
|  | INSURER(S) AFFORDING COVERAGE              |                               | NAIC # |
|  | INSURER A : Kinsale Insurance Co.          |                               | 38920  |
| INSURED<br><br>Sable Cove Condominium Association<br>c/o Mitch Powell<br>921 S. Dearborn Way<br>Aurora, CO 80012 | INSURER B : United States Liability Ins Co |                               |        |
|  | INSURER C : QBE Insurance Corporation      |                               | 39217  |
|  | 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | 01002095381          | 10/1/2023               | 10/1/2024               | EACH OCCURRENCE \$ 1,000,000   |
|          |  |           |          |                      |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|          |  |           |          |                      |                         |                         | MED EXP (Any one person) \$  |
|          |  |           |          |                      |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          |  |           |          |                      |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          |  |           |          |                      |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                                  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
| A        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | 01002095381          | 10/1/2023               | 10/1/2024               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                     |
|          |  |           |          |                      |                         |                         | BODILY INJURY (Per person) \$  |
|          |  |           |          |                      |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          |  |           |          |                      |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | CUP1570284           | 10/1/2023               | 10/1/2024               | EACH OCCURRENCE \$ 5,000,000   |
|          |  |           |          |                      |                         |                         | AGGREGATE \$ 5,000,000   |
|          |  |           |          |                      |                         |                         |  |
|          |  |           |          |                      |                         |                         |  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A       |          |                      |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |  |           |          |                      |                         |                         | E.L. EACH ACCIDENT \$  |
|          |  |           |          |                      |                         |                         | E.L. DISEASE - EA EMPLOYEE \$  |
|          |  |           |          |                      |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |
|          |  |           |          |                      |                         |                         |  |
| C        | Property-DED* 25,000<br>Special / 100% RC  |           |          | MSP42580<br>MSP42580 | 10/1/2023<br>10/1/2023  | 10/1/2024<br>10/1/2024  | Blkt Bldg 33,865,970   |
|          |  |           |          |                      |                         |                         | 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; 14561, 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<br>  |



## ADDITIONAL REMARKS SCHEDULE

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|                             |                      |  |  |
|-----------------------------|----------------------|--|--|
| AGENCY<br>CCIG              |                      | NAMED INSURED<br>Sable Cove Condominium Association<br>c/o Mitch Powell<br>921 S. Dearborn Way<br>Aurora, CO 80012 |  |
| POLICY NUMBER<br>SEE PAGE 1 |                      |  |  |
| CARRIER<br>SEE PAGE 1       | NAIC CODE<br>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

**\*\*Continued on reverse**

Policy #MSP42580 includes:

Building Limit \$5,000,000

\*5% Wind/Hail Deductible

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

Policy #01002095381 includes:

General Liability includes Separation of Insureds clause

Total insured value- \$33,865,970

COVERAGE: Excess Property

INSURER: Mt Hawley

POLICY #: MCP176174

EFFECTIVE: 10/01/23- 10/01/24

LIMIT: EXCESS OF: \$5,000,000

COVERAGE: Excess Property

INSURER: Homeland Ins. Co of New York

POLICY #: 795023809

EFFECTIVE: 10/01/23- 10/01/24

LIMIT: \$23,865,970

COVERAGE: Umbrella Liability

INSURER: United States Liability Insurance

POLICY #: CUP1570284 Claims Made Prior & Pending proceeding date 10/01/02

EFFECTIVE: 10/01/23- 10/01/24

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: 10/01/23 - 10/01/24

LIMIT: \$1,000,000 / \$10,000 SIR

COVERAGE: Crime/Fidelity/Employee Theft (Includes Manager)

INSURER: Great American Insurance Company

POLICY #: SSA39256740335805

EFFECTIVE: 10/01/23 - 10/01/24

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.



## SABLE COVE CONDOMINIUM ASSOCIATION 10/1/2023 – 10/1/2024 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**