



SCHOWAL-01

KATHYS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2023

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 CCIG 155 Inverness Drive West Englewood, CO 80112	CONTACT NAME: HOA Cert Team PHONE (A/C, No, Ext): (303) 799-0110 E-MAIL ADDRESS: certificate@thinkccig.com FAX (A/C, No): (303) 799-0156
INSURED Scholar's Walk Townhomes Association, Inc. 921 S. Dearborn Way Aurora, CO 80012-3735	INSURER(S) AFFORDING COVERAGE INSURER A : American Zurich Ins. Company INSURER B : Firemans Fund Ins Co INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 40142 21873

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			DPP0659447	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			DPP0659447	5/1/2023	5/1/2024	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 <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			USL00213321U-21575	5/1/2023	5/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> 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 \$
A	Property-DED* \$5,000			DPP0659447	5/1/2023	5/1/2024	Building* 4,855,400
A	Special 100% RC			DPP0659447	5/1/2023	5/1/2024	2 BLDGS / 8 UNITS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2304-2310 and 2312-2318 S University Blvd; Denver CO 80210

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



AGENCY CUSTOMER ID: SCHOWAL-01

KATHYS

LOC #: 0

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY CCIG		NAMED INSURED Scholar's Walk Townhomes Association, Inc. 921 S. Dearborn Way Aurora, CO 80012-3735	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE 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 DPP0659447 includes:

*1% Wind/Hail Deductible
Equipment/Machinery Breakdown Coverage
Crime/Fidelity/Employee Dishonesty \$25,000 (Includes Manager)
Ordinance or Law-Demo & Increased Cost \$100,000 (each building)
General Liability includes Separation of Insureds clause
Water Backup: \$100,000

COVERAGE: Directors & Officers Liability

INSURER: Great American Insurance Company

POLICY #: EPP406489207 Claims Made Prior & Pending Proceeding Date 5/1/14

EFFECTIVE: 05/01/23 - 05/01/24

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

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.

Association's Declarations includes:

Page 34, Section 9.9 defines the insurance responsibility for the owner; specifically; "Each Owner shall be responsible for maintaining insurance...such insurance shall include, but may not be limited to, betterments and improvements from the original construction, furnishings and personal or other property in the Townhome and liability insurance...". This means we will rebuild to the original specifications of the developer but exclude any improvements made.



155 Inverness Drive West
Englewood, CO 80112

o 303-799-0110

t 800-777-5035

f 303-799-0156

SCHOLARS WALK TOWNHOMES 5/1/2023 – 5/1/2024 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 Scholars Walk Townhomes' 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 Scholars Walk Townhomes, the master association's policy would rebuild the basic structure. **Page 34, Section 9.9 defines the insurance responsibility for the owner; specifically; "Each Owner shall be responsible for maintaining insurance...such insurance shall include, but may not be limited to, betterments and improvements from the original construction, furnishings and personal or other property in the Townhome and liability insurance...". This means we will rebuild to the original specifications of the developer but exclude any improvements made.**

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 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, kitchen wares including dishes, pots and pans, CD's, towels and linens 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 when you have to vacate your unit while it is being rebuilt/repared. We recommend an unlimited time period but if not available 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 of a claim. The association has a \$5,000 property deductible and a 1% wind/hail deductible which could result in each owner being assessed \$6,100. Check with your personal insurance agent to see how best to cover these association deductibles. The annual cost should be minimal.**

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 or fax your request to 303-799-0156 Attn: HOA Certificates.**