



GLENCON-01

KATHYS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/9/2023

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).


<b>PRODUCER</b> <b>CCIG</b> 155 Inverness Drive West Englewood, CO 80112	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(303) 799-0110</b> FAX (A/C, No): <b>(303) 799-0156</b> E-MAIL ADDRESS: <b>info@thinkccig.com</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A : Arch Specialty Insurance Company</b> <b>21199</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b>  <b>Glenborough Condominium Association</b> <b>c/o KC &amp; Associates</b> <b>10106 W. San Juan Way, Ste. 210</b> <b>Littleton, CO 80127</b>	

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>NHPKG0034802</b>	<b>9/27/2023</b>	<b>9/27/2024</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>NHPKG0034802</b>	<b>9/27/2023</b>	<b>9/27/2024</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Prop *DED \$10,000</b>			<b>NHPKG0034802</b>	<b>9/27/2023</b>	<b>9/27/2024</b>	<b>Blanket Building</b> <b>12,962,430</b>
<b>A</b>	<b>Special 100% RC</b>			<b>NHPKG0034802</b>	<b>9/27/2023</b>	<b>9/27/2024</b>	<b>18 BLDGS / 54 UNITS</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
4901-4918 S. Ammons Street

<b>CERTIFICATE HOLDER</b>  Proof of Coverage	<b>CANCELLATION</b>  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 Glenborough Condominium Association c/o KC & Associates 10106 W. San Juan Way, Ste. 210 Littleton, CO 80127	
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 NHPKG0034802 includes:

\*Wind/Hail Deductible: 2%

**\*\*Special coverage, no coinsurance, 100% replacement cost**

Ordinance or Law: Cov A Included; Cov B and Cov C: \$250,000

Equipment Breakdown (Boiler & Machinery) Included

General Liability includes Separation of Insureds clause

**COVERAGE: Directors & Officers**

**INSURER: Great American Insurance Company**

**POLICY #: EPP5841785 Claims Made Prior & Pending Proceeding Date 03/10/05**

**EFFECTIVE: 09/27/23 - 09/27/24**

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

**COVERAGE: Fidelity/Crime/Employee Dishonesty (Includes Manager)**

**INSURER: Great American Insurance Company**

**POLICY #: SSA55438215241**

**EFFECTIVE: 09/27/23 - 09/27/24**

**LIMIT: \$330,000 / \$2,500 Ded**

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:**

If there were a covered property loss at Glenborough Condominiums, the master association's policy would rebuild the basic structure. Page 21 Section 9.2 of the Declaration states "fire and hazard insurance shall be purchased by the Board of Directors and shall thereafter be maintained in Force at all times..." Under Section 9.4 it states an owner may carry personal insurance as they wish including coverage for improvements.



155 Inverness Drive West  
Englewood, CO 80112

o 303-799-0110  
t 800-777-5035  
f 303-799-0156

## GLENBOROUGH CONDOMINIUMS 9/27/2023 – 9/27/2024 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 officer's coverage. As unit owners, it is important that you maintain your own insurance to cover unit items that are your responsibility, as detailed in Glenborough Condominium's declarations. This includes 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 Glenborough Condominiums, the master association's policy would rebuild the basic structure. **Page 21 section 9.2 of the Declaration states "fire and hazard insurance shall be purchased by the Board of Directors and shall thereafter be maintained in force at all times..." Under Section 9.4 it states an owner may carry personal insurance as they wish including coverage for improvements.**

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: (1) unit coverage, (2) personal property coverage, (3) liability coverage, (4) loss of use and (5) loss assessment. The unit coverage should cover items specified in the declarations as the responsibility of the unit owner including window treatments, draperies, refrigerator, wallpaper 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 when you have to vacate your unit to be repaired/replaced. 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 \$10,000 property deductible and a 2% wind/hail deductible on their master policy. In the event of a total wind/hail loss, each owner could be assessed up to \$4,875. Some insurance companies will limit the amount of coverage to \$1,000 if the loss assessment is used to meet the association's deductible or they may require a special endorsement. Check with your insurance agent to see what is available to meet these deductibles.**

If renting out your unit, 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 fax your request to: 303-799-0156 Attn: HOA Certificates, or email: [certificate@thinkccig.com](mailto:certificate@thinkccig.com).**