



BUCKOAK-01

LIZS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/28/2019

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 5660 Greenwood Plaza Blvd. Suite 500 Greenwood Village, CO 80111	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 Buckingham Oaks Condominium 921 S. Dearborn Way Aurora, CO 80012	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Scottsdale Insurance Company	
	INSURER B : Greenwich Insurance Company	
	INSURER C : Westchester Surplus Lines Ins	10172
	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS2982673	3/7/2019	3/7/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <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			CPS2982673	3/7/2019	3/7/2020	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			PPP7442932	3/7/2019	3/7/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N 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* 10,000			D37432155005	3/7/2019	3/7/2020	Blanket Building
C	Special / 100% RC			D37432155005	3/7/2019	3/7/2020	15 BLDGS**/109 UNITS 15,880,875

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 902-976 S. Peoria St; 12120-12194 Kepner Pl; 12121-12235 E. Ford Ave; 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

Page 1 of 1

AGENCY CCIG		NAMED INSURED Buckingham Oaks Condominium 921 S. Dearborn Way Aurora, CO 80012	
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

Additional Coverages

Policy #D37432155005 includes:

- *2% Wind & Hail Deductible per location
- **14 Residential Buildings and 1 Clubhouse
- Ordinance or Law: Cov A - Included; Cov B & C - \$50,000
- Equipment Breakdown (Boiler & Machinery)
- Sewer/Drain Backup - \$15,000
- General Liability includes Separation of Insureds clause
- Actual Cash Value on Roofs 12+ years and Equipment 25+ years old
- General Liability Deductible \$2,500
- 100% Replacement Cost

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

INSURER: Great American Insurance

POLICY #: 55438211054607

EFFECTIVE: 03/07/19 - 03/07/20

LIMIT: \$150,000 / \$1,000 Deductible

COVERAGE: Directors & Officers

INSURER: Travelers Casualty and Surety Company of America

POLICY #: 106473147 / Claims Made prior & pending litigation date 03/07/01

EFFECTIVE: 03/07/19 - 03/07/20

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

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 include the following:

Page 18; (e) states: Insurance coverage on improvements and fixtures installed by an Owner and furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper, disposal and other items of personal property belonging to an Owner, and public liability coverage within each Unit shall be the sole and direct responsibility of the Owner thereof...." This means an H06 policy should be obtained by the unit owner.

BUCKINGHAM OAKS CONDOMINIUM ASSOCIATION

3/7/2019 – 3/7/2020 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 Buckingham Oaks Condominium Association'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 Buckingham Oaks Condominiums, the master association's policy would rebuild the basic structure. **Page 18 (e) defines the insurance responsibility for the owner; specifically: "Insurance coverage on improvements and fixtures installed by an Owner and furnishings, including carpet, draperies, oven, range, refrigerator, wallpaper, disposal and other items of personal property belonging to an Owner, and public liability coverage within each Unit shall be the sole and direct responsibility of the Owner thereof..."**

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 four basic coverages: unit coverage, personal property coverage, liability coverage and loss assessment. The unit coverage should cover items specified in the declarations as the responsibility of the unit owner including carpet, window treatments, oven, range, refrigerator, wallpaper, disposal 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, CDs, 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. **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 2% wind/hail deductible which could result in an owner being assessed \$2,915. To raise your loss assessment to \$5,000 should cost less minimum annually. Make sure to check with your personal lines agent to see what is available and that there are no sub-limits or special endorsements needed to cover this deductible.**

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 Dept.**