



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/29/2024

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> CCIG 155 Inverness Drive West Englewood CO 80112	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 303-799-0110 <b>FAX</b> (A/C, No): 303-799-0156 <b>E-MAIL</b> ADDRESS: certificate@thinkccig.com
<b>INSURED</b> Buckingham Oaks Condominium Association, Inc c/o Mitch Powell 921 S. Dearborn Way Aurora CO 80012	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Fidelity and Guaranty Insuranc INSURER B: Great American Ins Company INSURER C: Travelers Casualty and Surety INSURER D: Federal Insurance Company INSURER E: INSURER F:
License#: 45339 BUCKOAK-01	NAIC # 35386 16691 31194 20281

**COVERAGES**

CERTIFICATE NUMBER: 863773676

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 SUBR INSD 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:		BIP2T66422A	3/7/2024	3/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 HNOA \$ Included
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		G74695243	3/7/2024	3/7/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B C	Crime/Fidelity/Employee Dishonest Directors & Officers Liability		SSA554382110546012 106473147	3/7/2024 3/7/2024	3/7/2025 3/7/2025	Deductible: \$2,500 Deductible: \$1,000 350,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Crime and D&O listed on the first page with policy date/limits/deductibles

Crime/Fidelity/Employee Dishonesty policy includes coverage for Property Manager and Manager, Board Members and Volunteers

COVERAGE: Property  
POLICY CARRIER: Fidelity and Guaranty Insurance Company  
POLICY NUMBER: BIP2T66422A  
POLICY DATES: 3/7/2024 - 3/7/2025  
See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

MASTER CERTIFICATE  
XXXX XXXXXXXXXXXX  
XXXXXX XX XXXXX

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

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## ADDITIONAL REMARKS SCHEDULE

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AGENCY CCIG		NAMED INSURED Buckingham Oaks Condominium Association, Inc c/o Mitch Powell 921 S. Dearborn Way Aurora CO 80012	
POLICY NUMBER		NAIC CODE	
CARRIER		EFFECTIVE DATE:	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

COVERAGE LIMIT: \$19,671,762  
 DEDUCTIBLE: \$10,000  
 WIND/HAIL COVERAGE INCLUDED: 5%

# Buildings: 14

# Units: 109

Replacement Cost applies up to the buildings limit

Coinsurance - NIL

Special Causes of Loss excluding Earthquake and Flood

Subject to policy limits and exclusions.

Equipment Breakdown/Boiler & Machinery Included

Ordinance or Law Included:

A - Undamaged Portion of Building is Included in Building Limit

B & C - Demolition Cost and Increased Cost of Construction Combined Limit is \$100,000 Premises Limit/\$250,000 Per Occurrence

Inflation Guard is not included on policy. Limits are reviewed/reassessed annually to ensure adequate building coverage on project.

Waiver of Subrogation is included in favor of unit owners applies.

Locations must be shown on policy for coverage to apply.

This is the only complex covered under the policies listed on the certificate. Policy does not cover multiple unaffiliated project.

Severability of Liability (Separate of Insureds) is included.

If Mortgagee is listed as Certificate Holder, then Holder is recognized as Mortgagee.

Cancellation - 10 days prior to cancellation date.

\*\*\*\*\*PLEASE READ\*\*\*\*\*

Insurance is for Building structures and common areas for which the Association has a requirement to insure per the governing documents. The Governing Documents showing the insurance requirement of the Association can only be provided by the Unit Owner or the Community Manager. Each Unit Owner or their Tenant may be required to carry an HO6 (owner's policy) or HO4 (tenant's policy) and should consult their own insurance agent to confirm coverages needed.

Location Addresses covered by Policy (All addresses are Aurora, CO 80012)

\*Street Addresses \*Building Limit \*Number of Units

902-916 S. Peoria St. - \$1,537,508 - 8

918-932 S. Peoria St. - \$1,252,943 - 8

936-944 S. Peoria St. - \$855,089 - 5

946-960 S. Peoria St. - \$1,042,761 - 8

962-976 S. Peoria St. - \$1,252,943 - 8

12140-12154 Kepner Place - \$1,537,508 - 8

12160-12174 Kepner Place - \$1,435,762 - 8

12180-12194 Kepner Place - \$1,536,752 - 8

12121-12135 E. Ford Ave - \$1,435,762 - 8

12141-12155 E. Ford Ave - \$1,537,508 - 8

12161-12175 E. Ford Ave - \$1,042,761 - 8

12181-12195 E. Ford Ave - \$1,537,508 - 8

12221-12235 E. Ford Ave - \$1,435,762 - 8

12120-12134 Kepner Place - \$1,537,508 - 8

Clubhouse- S Peoria St - \$393,672

4 Carports - 902 S Peoria St - \$300,015

Total Buildings Limit - \$19,671,762

Cancellation - 10 days prior to cancellation date.





155 Inverness Drive West  
Englewood, CO 80112

o 303-799-0110

t 800-777-5035

f 303-799-0156

## **BUCKINGHAM OAKS CONDOMINIUM ASSOCIATION 3/7/2024 – 3/7/2025 INSURANCE NEWSLETTER**

CCIG has the privilege of providing Buckingham Oaks's master insurance for the condominium association that covers, but is not limited to, 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, and your personal property and liability exposures that are not covered under your association's master insurance policy.

**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 five basic coverages: unit coverage, personal property coverage, liability coverage, loss of use and loss assessment. If renting the unit out, you should obtain a landlord's policy that will also include coverage for loss of rents. **Please contact your personal insurance agent/broker to help you assess the type of coverage best for your situation.**

**The 2024 – 2025 association's master policy has a \$10,000 property deductible and a 5% wind/hail deductible. In the event of a wind/hail storm, each of the 109 owners could be assessed their share, per the declarations requirements, of the 5% of the building limit of \$19,671,762 (\$983,588). Make sure to check with your personal lines agent to see what is available to meet the association's deductibles.**

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 Dept.**