

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 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 USI Colorado, LLC HOA P.O. Box 7050 Englewood, CO 80155 800 873-8500	CONTACT NAME:	
	PHONE (A/C, No, Ext): 877.456.3643	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Phoenix Insurance Company		25623
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		
INSURED One Five Five Jackson at Cherry Creek c/o Capitol Hill HOA Management Company 400 S Colorado Blvd Suite 360 Denver, CO 80246		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" 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:			6802D4427441742	06/07/2017	06/07/2018	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
				PRODUCTS - COMP/OP AGG \$ 4,000,000			\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6802D4427441742	06/07/2017	06/07/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED \$ RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime / Fidelity D & O Liability			6802D4427441742	06/07/2017	06/07/2018	\$50,000 Ded \$1,000
				6802D4427441742	06/07/2017	06/07/2018	\$1,000,000 Ded \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PHYSICAL LOC/DESCRIPTION: 155 Jackson Street, Denver, CO 80206
1 Building / 14 Units
INSURER: The Phoenix Insurance Company
POLICY TYPE: Commercial Package Policy
POLICY NUMBER: 680-2D442744-17-42
(See Attached Descriptions)

CERTIFICATE HOLDER <p style="text-align: center;">For Informational Purposes Only</p>	CANCELLATION 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 

DESCRIPTIONS (Continued from Page 1)

EFFECTIVE DATE: 06/07/2017 - 06/07/2018

BUILDING LIMIT: \$1,644,903 DEDUCTIBLE: \$1,000 Wind/Hail Deductible: 2%

REPLACEMENT COST / SPECIAL CAUSES OF LOSS

ORDINANCE & LAW COVERAGE: INCLUDED

EQUIPMENT BREAKDOWN: INCLUDED

****PROPERTY MANAGER INCLUDED FOR COVERAGE UNDER THE FIDELITY****

****WALLS IN COVERAGE IS DEPENDENT ON AND SUBJECT TO THE ASSOCIATIONS LEGAL DOCUMENTS. PLEASE REFER TO THE COVENANTS AND BYLAWS FOR FURTHER INFORMATION****

****THIS POLICY CONTAINS THE SEVERABILITY OF INTEREST/SEPARATION OF INSUREDS/CROSS LIABILITY CLAUSE****

****ALL COVERAGE SUBJECT TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THE POLICY****