



SUNPATL-01

LIZS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2020

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 FAX (A/C, No): (303) 799-0156	
	E-MAIL ADDRESS: certificate@thinkccig.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Travelers Group	24775
INSURED  Sunpointe at Lakewood Est. II Condominium Association Inc c/o Precision Management PO Box 27054 Denver, CO 80227	INSURER B : Greenwich Insurance Company	
	INSURER C :	
	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			6804710R669	6/30/2020	6/30/2021	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
A	<input type="checkbox"/> 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			6804710R669	6/30/2020	6/30/2021	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			PPP7447669	6/30/2020	6/30/2021	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 \$
A	Property-DED* 10,000			6804710R669	6/30/2020	6/30/2021	Blkt Bldg 46,002,835
A	Special / 100% RC			6804710R669	6/30/2020	6/30/2021	31 BLDGS/162 UNITS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: West Atlantic Place and West Asbury Place; Lakewood CO 80227

\*\*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

AGENCY <b>CCIG</b>		NAMED INSURED Sunpointe at Lakewood Est. II Condominium Association Inc c/o Precision Management PO Box 27054 Denver, CO 80227
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

## Additional Coverages

Policy #6804710R669 includes:

\*5% Wind & Hail Deductible

Ordinance or Law: Cov A Included; Cov B \$500,000; Cov C \$500,000

Equipment Breakdown (Boiler & Machinery)

General Liability includes Separation of Insureds clause

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

POLICY #: 105948821

INSURER: Travelers Casualty and Surety Company of America

EFFECTIVE: 06/30/20 - 06/30/21

LIMIT: \$475,000 / \$5,000 SIR

COVERAGE: Directors & Officers

POLICY #: 105948553/Claims Made/Prior & Pending Proceeding Date: 06/30/99

INSURER: Travelers Casualty and Surety Company of America

EFFECTIVE: 06/30/20 - 06/30/21

LIMIT: \$1,000,000 / \$5,000 SIR

## Association's Declarations includes:

If there were a covered property loss at Sunpointe at Lakewood Estates, the master association's policy would rebuild the basic structure. Page 27, section 10.5 of Sunpointe at Lakewood Estates's declarations state "Insurance coverage on improvements and fixtures installed by an Owner and furnishings, including draperies, unattached carpeting and appliances, wallpaper 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 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.





155 Inverness Drive West  
Englewood, CO 80112

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

## SUNPOINTE AT LAKEWOOD ESTATES II 6/30/20 – 6/30/2021 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 Sunpointe at Lakewood Estates' 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 Sunpointe at Lakewood Estates, the master association's policy would rebuild the basic structure. **Under the amended declarations of Sunpointe at Lakewood Estates' and the insurance and maintenance chart, Insurance coverage on improvements and fixtures installed by an Owner and furnishings, including draperies, unattached carpeting and appliances, wallpaper, and items (furnace, heating equipment, electrical wiring, hot water equipment etc that service only one unit) and other items of personal property belonging to an Owner, and public liability coverage within each Unit shall by 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 window treatments, appliances, wall paper, furnace, hot water heater etc that service just that unit and any improvements added by the Unit Owner. 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 uninsured claim or the deductible portion of a claim. **The association does have a 5% wind/hail deductible on our insurance policy. This could result in a unit assessment of \$14,200 each.** Most HO6 policies include one thousand of loss assessment coverage. Some insurance companies will limit the amount of coverage to one thousand if the loss assessment is used to meet the association's deductible. To have \$15,000 of loss assessment coverage will be a minimum cost a year on your personal unit insurance. **Check with your insurance agent to see what is available and that there are no sub-limits or special endorsements to cover the association's 5% wind/hail deductible and \$10,000 all other property claim 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 the unit 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. **If you need a certificate of insurance, please fax your request to 303.799.0156 attn: HOA Dept or email your request to [certificate@thinkccig.com](mailto:certificate@thinkccig.com).**