



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/6/2018

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).

<b>PRODUCER</b> CoBiz Insurance, Inc. - CO 1401 Lawrence St., Ste. 1200 Denver CO 80202	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): 303-988-0446 E-MAIL ADDRESS: CMail@cobizinsurance.com	FAX (A/C. No): 303-988-0804
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> STARCAN-01 Star Canyon Condominium Association, Inc. c/o KC & Associates, LLC P.O. Box 270487 Littleton CO 80127	<b>INSURER A :</b> Travelers Indemnity Company of Connecticut NAIC # 25682	
	<b>INSURER B :</b> Greenwich Insurance Company NAIC # 22322	
	<b>INSURER C :</b> Pinnacle Assurance Company NAIC # 41190	
	<b>INSURER D :</b> Travelers Casualty and Surety Company of America NAIC # 31194	
	<b>INSURER E :</b> <b>INSURER F :</b>	

COVERAGES      CERTIFICATE NUMBER: 74249250      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:		6807H138477	11/1/2018	11/1/2019	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 - COMPIOP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <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		6807H138477	11/1/2018	11/1/2019	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		PPP7453229	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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	4188197	12/1/2017	12/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Fidelity/Crime Directors & Officers Liability		105754394 106406616	11/1/2018 11/1/2018	11/1/2021 11/1/2019	Limit 510,000 Per Claim/Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Property Coverage - Building Limit \$22,749,260. 100% Replacement Cost Coverage Applies - Special Form Perils - No Coinsurance - All Other Perils \$5,000 Deductible - Wind/Hail Deductible 5%.

Ordinance or Law - Loss to the Undamaged Portion, in any one occurrence per building \$100,000 and any one occurrence all buildings/locations involved \$250,000; Demolition in any one occurrence per building \$100,000 and any one occurrence all buildings/locations involved \$250,000; Increased Cost of Construction, in any one occurrence per building \$100,000 and any one occurrence all buildings/locations involved \$250,000. All subject to a \$5,000 deductible.

Fidelity/Crime - Designated Property Manager included as Employee for Employee Theft subject to \$510,000 Single Loss Limit with \$5,000 Single Loss See Attached...

<b>CERTIFICATE HOLDER</b>  KC & Associates, LLC PO Box 270487 Littleton CO 80127 United States	<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 

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY CoBiz Insurance, Inc. - CO		NAMED INSURED Star Canyon Condominium Association, Inc. c/o KC & Associates, LLC P.O. Box 270487 Littleton CO 80127	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Retention.

With respect to the Worker's Compensation Insurance, Property Management firm is not listed as an Named Insured.

# of Units: 72 # of Buildings: 9