



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/8/2017

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

COVERAGES **CERTIFICATE NUMBER: 1941527551** **REVISION NUMBER:**

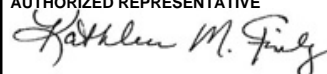
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input type="checkbox"/> OTHER:			6807H138477	11/1/2017	11/1/2018	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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			6807H138477	11/1/2017	11/1/2018	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	11/1/2017	11/1/2018	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	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 D A	Fidelity/Crime Directors & Officers Liability Property			105754394 106406616 6807H138477	11/6/2017 11/1/2017 11/1/2017	11/1/2018 11/1/2018 11/1/2018	Limit \$510,000 Per Claim/Aggregate \$1,000,000 Limit \$22,749,260

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 2%.

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 See Attached...

CERTIFICATE HOLDER KC & Associates, LLC PO Box 270487 Littleton CO 80127	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 
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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**

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 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