

C1DMARZAN

DATE	(MM/DD/YYYY)	
	40/0004	

AUROATC-02

	EK	111	FICATE OF LIA	BIL	ITY INS	URAN	JE	1/	10/2024
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).									
PRODUCER AssuredPartners 4582 S. Ulster Street Suite 600			CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No, Ext): (303) 863-7788						
Denver, CO 80237			-	E-MAIL					
			-				RDING COVERAGE		NAIC #
INSURED							nce Company		22322
Aurora at Cross Creek Condo	omini	um					ers' Association Insurance C	ompany	-
c/o CPMG 2620 S. Parker Rd #105							surance Company		16691
Aurora, CO 80014							And Surety Compar	ıy	19038
				INSURE	RF:				
COVERAGES CERT	FIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY I EXCLUSIONS AND CONDITIONS OF SUCH F	Equiri Pert <i>i</i> Polici	eme Ain, Es.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE E	OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	DOCUMENT WITH RESPI	ECT TO	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL SI INSD V		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			74274980		10/20/2023	10/20/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
							COMBINED SINGLE LIMIT	\$	1,000,000
			74274980		10/20/2023	10/20/2024	(Ea accident)	\$	1,000,000
ANY AUTO OWNED AUTOS ONLY AUTOS			/42/4300		10/20/2023	10/20/2024	BODILY INJURY (Per person)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$	
								\$	
B X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE			PPP7490604		10/20/2023	10/20/2024	AGGREGATE	\$	
DED X RETENTION \$ 0								\$	5,000,000
C WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		2023010802371Y		10/20/2023	10/20/2024	E.L. EACH ACCIDENT	\$	1,000,000
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
DÉSCRIPTION OF OPERATIONS below			EPP3653281		10/20/2022	10/20/2024	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D Directors & Officers E Crime			106136364		10/20/2023	10/20/2024			1,000,000 225,000
							1,200 DCu		220,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLI			101 Additional Pomarke Schodule	mayh	e attached if more	a snaca is manir	ed)	L	
	-0 (AC		Tor, Additional Actuality Sciledule	o, may D		o opace is requir	,		

CERTIFICATE HOLDER	CANCELLATION
Information Only	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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AGENCY CUSTOMER ID: AUROATC-02



LOC #: 1

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ADDITIONAL	. REMARKS	SCHEDULE
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AGENCY		NAMED INSURED					
AssuredPartners		Aurora at Cross Creek Condominium Association, Inc. c/o CPMG 2620 S. Parker Rd #105 Aurora CO 20211					
POLICY NUMBER							
SEE PAGE 1		Aurora, CO 80014					
CARRIER	NAIC CODE						
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1					
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO A	CORD FORM.						
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance							
Property Information							
Master Property Coverage:							
CARRIER: Arch Specialty							
POLICY NUMBER: NHPRP0144300							
LIMIT: \$23,570,966							
DEDUCTIBLE: \$25,000							
WIND & HAIL DEDUCTIBLE: 5% of buildings value - \$250K Minimum							
# OF UNITS: 96							
# OF BUILDINGS: 12							
100% Replacement Cost							
Agreed Value / Special Form							

No inflation guard - building limits are reviewed annually

SEVERABILITY OF INTEREST IS INCLUDED

This coverage applies only to the named insured shown on this certificate and is not shared with any other entity or location. ORDINANCE AND LAW IS INCLUDED - Coverage A up to building limit, B&C up to 10% of each building value Waiver of subrogation in favor of the unit owners applies EQUIPMENT BREAKDOWN COVERAGE IS INCLUDED

FIDELITY POLICY INCLUDES COVERAGE FOR PROPERTY MANAGEMENT COMPANY, PROPERTY MANAGER, VOLUNTEERS AND BOARD MEMBERS

****** PLEASE READ******

ALL IN COVERAGE IS SUBJECT TO AND DEPENDENT ON THE TERMS AND CONDITIONS OF THE ASSOCIATIONS LEGAL DOCUMENTS. FOR DETAILS ON WHAT UNIT OWNERS INSURANCE RESPONSIBILITY IS VS THE ASSOCIATION PLEASE REFER ALL OF YOUR QUESTIONS TO THE COVENANTS AND BYLAWS FOR THE ASSOCIATION FOR THIS INFORMATION. DETAILS ARE NOT FOUND IN THE POLICIES. THIS DOCUMENT CAN BE OBTAINED FROM THE PROPERTY MANAGEMENT COMPANY**

Cancellation: 10 day minimum notice required for cancellations for non payment of premium