

CERTIFICATE OF LIABILITY INSURANCE

MANCH-3 OP ID: DL

DATE (MM/DD/YYYY) 06/24/13

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).

PRO	DUCE		emei	nt(s)	303-799-0110		^{ст} Dawn Le				
	rry (e 50	Creek Ins. Agency, Inc.			303-799-0156	PHONE (A/C, No	o, Ext): 720-21	2-2055	FAX (A/C, No):	303-7	799-0156
566) Gr	eenwood Plaza Blvd.				E-MAIL ADDRE	ss: Certifica	te@thinkc			
Gre Patr	enw	ood Village, CO 80111 A. Wilderotter				INSURER(S) AFFORDING COVERAGE				NAIC #	
							INSURER A : Auto Owners Insurance Company				18988
INSU	RED	Manchester Place HOA				INSURER B:					
		%Mitch Powell 921 S Dearborn Way				INSURE	R C :				
		Aurora, CO 80012				INSURER D:					
		•				INSURE	RE:				
							INSURER F:				
СО	VER	AGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
IN C E	IDIC.	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY I JSIONS AND CONDITIONS OF SUCH	QUIR PERTA POLIC	EME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
NSR LTR		TYPE OF INSURANCE	ADDL S INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	5	
	GEI	NERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
Α	X	COMMERCIAL GENERAL LIABILITY			74064970		06/29/13	06/29/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	10,000
									PERSONAL & ADV INJURY	\$	1,000,000
									GENERAL AGGREGATE	\$	2,000,000
	-	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	X	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$	
	AU	TOMOBILE LIABILITY							(Ea accident)	\$	1,000,000
Α		ANY AUTO ALL OWNED SCHEDULED			74064970		06/29/13	06/29/14	BODILY INJURY (Per person)	\$	
		AUTOS AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	Х	HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$	
										\$	
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	wo	DED RETENTION \$ RKERS COMPENSATION							WC STATU- OTH-	\$	
	ANI	D EMPLOYERS' LIABILITY Y / N							TORY LIMITS ER		
	OFF	/ PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	If ve	ndatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE		
_	DÉS	SCRIPTION OF OPERATIONS below			74004070		00/00/40	00/00/44	E.L. DISEASE - POLICY LIMIT	\$	E 070 E00
Α		perty			74064970		06/29/13	06/29/14	Blkt Bldg		5,879,580 5,000
	Spe	ecial /100% RC			8 BLDGS/40 UNITS				Ded		5,000
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHICE	LES (A	ttach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
C(тис	INUED ON REVERSE									
•		MOLD ON NEVENOL									
CE	KIIF	FICATE HOLDER				CAN	CELLATION				
						SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCEL	LED BEFORE
Proof of Coverage						THE	EXPIRATION	N DATE TH	EREOF, NOTICE WILL I		
		. 1001 C. Coverage				ACC	ORDANCE WI	IH THE POLI	CY PROVISIONS.		
						ALITUS	DIZED DEDDESE	NIT A TIVE			
						AUTHO	RIZED REPRESE	NIAIIVE			

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NOTEPAD	INSURED'S NAME Manchester Place HOA	MANCH-3 OP ID: DL	PAGE 2 DATE 06/24/13
Policy 74064970 incl \$25,000 Wind/Hail I \$50,000 Ordinance \$50,000 Fidelity/Cri General Liability inc	udes: Deductible or Law me/Employee Dishonesty(Includes Manager)\$1,00 Cludes Severability of Interest clause	00 Ded	
COVERAGE: Directo INSURER: Traveler: POLICY #: 10593870 EFFECTIVE: 06/06/13 LIMIT: \$1,000,000	ors & Officers s Casualty and Surety Company of America 0 Claims Made Retro 06/03/03 3 - 06/29/14 \$1,000 SIR		
Association Declara Page 16, Section 9.1 liability insurancec property and person	tions Include the Following: 2. states: "Each Owner may obtain physical dama overing the Owner's Lot and improvements, pers al liability"	ge and onal	