

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DW
ENCLA-2

DATE (MM/DD/YYYY)
04/14/09

PRODUCER Omnivest Insurance Group dba Peliton Insurance 4600 S. Ulster St. #1400 Denver CO 80237 Phone: 303-771-1800 Fax: 303-290-0884	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Enclave @ DTC Condominiums c/o Western States Prop. Svcs 9145 E. Kenyon Ave. #100 Denver CO 80237	INSURER A: Travelers	25658
	INSURER B: **Great American Insurance Co	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

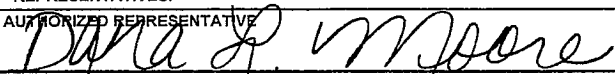
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	I6808176L570	02/28/09	02/28/10	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
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		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	I6808176L570	02/28/09	02/28/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC AUTO ONLY: AGG	\$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	UM1234166	02/28/09	02/28/10	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
						DEDUCTIBLE	\$
						<input checked="" type="checkbox"/> RETENTION \$ 0	\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		Blanket Building	I6808176L570	02/28/09	02/28/10	\$2500 Ded	\$12,680,000
B		D&O Liability	EPP7637422-02	02/28/09	02/28/10	\$1000 Ded	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Fidelity w/Travelers #104900860 \$250,000 Limit

CERTIFICATE HOLDER

CANCELLATION

Informational Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

Insurance Disclosures for Enclave @ DTC Condominiums

Policy 1: Property Policy

Insurance Company Name: Travelers Insurance Company
Policy Limits: \$12,480,000
Policy Deductible: \$2,500
Effective Date: 02/28/09
Expiration Date: 02/28/10

Policy 2: General Liability

Insurance Company Name: Travelers Insurance Company
Limits: \$2,000,000 Aggregate / \$1,000,000 Occurrence
Policy Deductible: \$ -0-
Effective Date: 02/28/09
Expiration Date: 02/28/10

Policy 3: Commercial Automobile

Insurance Company Name: Travelers Insurance Company
Policy Limits: \$1,000,000
Policy Deductible: \$ -0-
Effective Date: 02/28/09
Expiration Date: 02/28/10

Policy 4: Director's and Officer's Liability

Insurance Company Name: Great American Insurance Company
Policy Limits: \$1,000,000
Policy Retention: \$1,000
Effective Date: 02/28/09
Expiration Date: 02/28/10

Policy 5: Crime and Fidelity

Insurance Company Name: Travelers Insurance Company
Policy Limits: \$250,000
Policy Deductible: \$2,500
Effective Date: 02/28/09
Expiration Date: 02/28/10

Policy 6: **Umbrella Liability**

Insurance Company Name: Great American Insurance Company

Policy Limits: \$10,000,000

Policy Retention: \$0

Effective Date: 02/28/09

Expiration Date: 02/28/10

Policy 7: **Volunteer Accident**

Insurance Company Name: CIGNA

Policy Limits: \$25,000/500,000

Policy Deductible: \$0

Effective Date: 02/28/09

Expiration Date: 02/28/10