

ACORD EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
04/01/2011

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER NAME, CONTACT PERSON AND ADDRESS CIBA Insurance Services 655 N Central Ave., Suite 2100 Glendale, CA 91203 License # 0D44433 p: 818-638-8525 or 818-245-1010 f: 818-245-1750		PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	COMPANY NAME AND ADDRESS REFER TO APPENDIX(ES) LISTED AND ATTACHED HERETO FOR SCHEDULE OF PARTICIPATING INSURANCE COMPANIES AND POLICY NUMBERS. APPENDIX(ES) CAN ALSO BE FOUND AT WWW.CIBASERVICES.COM: RI & PL	NAIC NO:
CODE: 613 / OIG	SUB CODE:	PROGRAM: Basic Residential Property & Primary Liability - A		
AGENCY CUSTOMER ID #: Enclave at DTC Condominiums		LOAN NUMBER	POLICY NUMBER REFER TO APPENDIX	
NAMED INSURED AND ADDRESS Enclave at DTC Condominiums c/o Western States 9145 East Kenyon Avenue #100 Denver, CO 80237-		EFFECTIVE DATE 04/01/2011	EXPIRATION DATE 04/01/2012	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use additional sheets if more space is required)

LOCATION/DESCRIPTION
 PID #: P00027776
 9110-9293 E Arbor Circle, Englewood, CO 80110-5212
 PER SCHEDULE OF LOCATIONS ATTACHED. LOCATIONS SUBJECT TO ENDORSEMENTS AS ATTACHED.

COVERAGE INFORMATION	CAUSE OF LOSS FORM	BASIC	BROAD	SPECIAL	OTHER
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE:	\$ 1,000,000,000			X	DED: \$5,000
		YES	NO		
BUSINESS INCOME / RENTAL VALUE (incl Extra Expense)		X		IF YES, LIMIT: INCLUDED X	Actual Loss Sustained # of months: 12
BLANKET COVERAGE		X		IF YES, indicate amount of insurance on properties identified above: \$ 1,000,000,000	
TERRORISM COVERAGE			X	Attach signed Disclosure Notice / DEC	
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?				IF YES, SUB LIMIT:	DED:
IS COVERAGE A STAND ALONE POLICY?				IF YES, LIMIT:	DED:
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?				IF YES, SUB LIMIT:	DED:
COVERAGE FOR MOLD		X		IF YES, LIMIT: \$10,000	DED: \$5,000
MOLD EXCLUSION (If "YES", specify organization's form used)			X		
REPLACEMENT COST		X			
AGREED AMOUNT			X		
COINSURANCE			X	IF YES, %	
EQUIPMENT BREAKDOWN (If Applicable)		X		IF YES, LIMIT: \$50,000,000	DED: \$5,000
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building		X		IF YES, LIMIT: INCLUDED	DED: \$5,000
- Demolition Costs		X		IF YES, LIMIT: REFER TO ENDORSEMENT	DED: \$5,000
- Incr Cost of Construction		X		IF YES, LIMIT: REFER TO ENDORSEMENT	DED: \$5,000
EARTHQUAKE (If Applicable)			X	IF YES, LIMIT:	DED:
FLOOD (If Applicable)			X	IF YES, LIMIT:	DED:
WIND / HAIL (If Separate Policy)				IF YES, LIMIT:	DED: REFER TO ENDORSEMENT
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS			X		

REMARKS - Including Special Conditions (Use additional sheets if more space is required)

REFER TO ATTACHED REMARKS SECTION

CANCELLATION

THE POLICIES ARE SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY(IES) BE TERMINATED, THE COMPANY(IES) WILL GIVE THE INSURED INTEREST IDENTIFIED 30 DAYS WRITTEN NOTICE, 10 DAYS FOR NON-PAYMENT AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	AUTHORIZED REPRESENTATIVE <i>Wayne Swanson</i>
LOSS PAYEE	