



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/21/2009

**PRODUCER** Phone: 303-837-8500 Fax: 303-831-5295  
Van Gilder Insurance Corp.  
1515 Wynkoop, Suite 200  
Denver CO 80202

**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.**

INSURED	INSURERS AFFORDING COVERAGE	NAIC #
Gold Run Condominium Assn c/o FPM 2400 28th St. #300 Boulder CO 80301	INSURER A: <u>United States Liability Insur</u>	0
	INSURER B: <u>Federal Ins Company</u>	0
	INSURER C: <u>Pinnacol Assurance</u>	
	INSURER D: <u>Westchester Surplus Lines Ins</u>	
	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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NPP1550219	8/26/2009	8/26/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <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	NPP1550219	8/26/2009	8/26/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	NPP1550219	8/26/2009	8/26/2010	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	4031968	8/1/2009	8/1/2010	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	<b>OTHER</b> Primary Property: Building Personal Property	D37370290001	8/26/2009	8/26/2010	NOT A BLNKT POLICY PER LOC. ONLY** \$1,000,000 LIMIT \$10,000 DED. \$70,000 LIMIT \$10,000 DED. SPECIAL FORM REPL COST

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**  
COVERAGE: EXCESS PROPERTY  
INSURER: RSUI INDEMNITY (CRC INSURANCE SERVICES, INC.)  
POLICY NUMBER: NHD364095  
LIMIT: \$44,391,490 DED: \$10,000  
POLICY DATES: EFF: 08/26/09-08/26/10  
See Attached...

### CERTIFICATE HOLDER

### CANCELLATION

MASTER CERTIFICATE  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XX XXXXX

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30\* 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

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## DESCRIPTIONS Continued.

### REPLACEMENT COST

COVERAGE: FIDELITY  
INSURER: TRAVELERS  
POLICY NUMBER: 103357788  
LIMIT: \$500,000 DED: \$5,000  
POLICY DATES: EFF:08/26/09-08/26/10

COVERAGE: DIRECTORS & OFFICERS LIABILITY  
INSURER: TRAVELERS  
POLICY NUMBER: 104062870  
LIMIT: \$1,000,000 DED: \$1,000  
POLICY DATES: EFF:05/21/09-05/21/10

COVERAGE: FLOOD 2990-2992 SHADOW CREEK DRIVE  
INSURER: TRAVELERS  
POLICY NUMBER: 6500749137  
LIMIT: \$4,637,500 DED: \$5,000  
POLICY DATES: EFF: 06/16/09-06/16/10  
REPLACEMENT COST

COVERAGE: FLOOD 2960-2962 SHADOW CREEK DRIVE  
INSURER: TRAVELERS  
POLICY NUMBER: 6004387483  
LIMIT: \$5,101,300 DED: \$5,000  
POLICY DATES: EFF: 06/10/09-06/10/10  
REPLACEMENT COST

COVERAGE: FLOOD 2930-2932 SHADOW CREEK DRIVE  
INSURER: TRAVELERS  
POLICY NUMBER: 6004387475  
LIMIT: \$2,219,600 DED: \$5,000  
POLICY DATES: EFF: 06/09/09-06/09/10  
REPLACEMENT COST

COVERAGE: FLOOD 2855-2859 SHADOW CREEK DRIVE  
INSURER: TRAVELERS  
POLICY NUMBER: 6004583453  
LIMIT: \$1,662,900 DED: \$5,000  
POLICY DATES: EFF: 04/18/09-04/18/10  
REPLACEMENT COST

COVERAGE: FLOOD 2875-2879 SHADOW CREEK DRIVE  
INSURER: TRAVELERS  
POLICY NUMBER: 6004583461  
LIMIT: \$1,662,900 DED: \$5,000  
POLICY DATES: EFF: 04/18/09-04/18/10  
REPLACEMENT COST

COVERAGE: BOILER AND MACHINERY  
INSURER: ZURICH AMERICAN INSURANCE COMPANY  
POLICY NUMBER: BM967310901  
LIMIT: \$44,391,490 DED: \$5,000  
POLICY DATES: EFF: 08/26/09-08/26/10

### \*\* Per Location Building Limit Breakdown:

1 2802 - 2800 Sundown Lane /36 Units 4,637,549  
2 2805 - 2807 Sundown Lane / 36 Units 4,637,549  
3 2865 - 2867 Sundown Lane / 24 Units 2,219,574  
4 2880 - 2882 Sundown Lane / 24 Units 2,219,574  
5 2890 - 2892 Shadow Creek Drive / 36 Units 4,637,549  
6 2902 - 2900 Shadow Creek Drive / 24 Units 2,219,574  
7 2930 - 2932 Shadow Creek Drive / 24 Units 2,219,574  
8 2960 - 2962 Shadow Creek Drive / 36 Units 4,637,549  
9 2990 - 2992 Shadow Creek Drive / 36 Units 4,637,549  
10 2905 - 2907 Shadow Creek Drive / 12 Units 1,203,601  
11 2875 - 2877 - 2879 Shadow Creek / 18 Units 1,662,944  
12 2855 - 2857 - 2859 Shadow Creek / 18 Units 1,662,944  
13 2815 - 2835 Springdale Lane / 11 Units 2,320,222  
14 2845 - 2883 Springdale Lane / 20 Units 3,743,302  
15 2885 - 2899 Springdale Lane / 8 Units 1,327,066  
16 2959 Springdale Lane / clubhouse 405,370

Locations must be shown on policy for coverage to apply.

If Mortgagee is listed as Certificate Holder, the Holder is recognized as Mortgagee. Special Causes of loss excluding earthquake and flood, subject to policy limits and exclusions.

\*10 days notice of cancellation applies for non-payment of premium.

PROPERTY ADDRESS:

UNIT OWNER (s):

LOAN NUMBER (s):