

# DISTINGUISHED PROGRAMS INSURANCE BROKERAGE, L.L.C.

### **CRIME RENEWAL**

### This is your Crime renewal policy for: Hiland Hills Townhouse Owners Association

Broker: Christine Madera, Willis of Colorado, 8200 East Maplewo	ood Avenue Suite 100, Englewood, CO 80111
We are pleased to issue the renewal Declaration Page and endor Association, Policy #SAA 554-38-21-7512-01, effective 11/28/20	
If the information below is still accurate then no further ac	tion is needed.
Underwriting Questions:	Yes/No
1. Is the Association crime claims-free for the last 5 years?	<b>y</b>
2. Are fee/mortgage payments always received as checks, not cash?	<b>y</b>
3. Are countersignatures required on all checks over \$500?	<b>y</b>
If No, Please explain:	
4. Are vouchers/supporting records stamped "PAID" when checks are	signed?y_
5. Are persons authorized to fire or hire association employees prohibit	ted
from distributing payroll?	<b>y</b>
Number of Employees?	
5. Are bank accounts and credit card statements reconciled monthly by	y someone
not authorized to deposit/withdraw/initiate electronic funds transfe	r? <b>y</b>
If No, Please explain:	
7. Pension Plan Name (if any):	
3. Number of volunteers?	
If greater than zero, are volunteers (other than D&O's) prohibited	d from handling
bank accounts or fee/mortgage payments?	_ <b>y</b> _
IF ANY OF THE ABOVE INFORM	AATION IS INCORRECT,
THIS POLICY IS NULL & VOID AND MUST BE RET	·
REVIEW AND POSSIBLE	
Please contact <i>Ivory Koppel</i> , at (925) 855-3270 as soon as possible	le.
If you are your inguined do not wish to account this Dans	avvol Doliar, places about below, sign, data
If you or your insured do not wish to accept this Rene	, ,
and return this document to our office via fax or e-ma	ail to your underwriter.
<ul> <li>Cancel This Policy Flat.</li> </ul>	
• Increase The Policy Limit.	New Limit: _\$
Signature:	Date:

Title:

Mail to Distinguished Programs, 1180 Avenue of The Americas, New York, NY 10036, Fax: 917-438-6610, Phone: 1-888-355-4626

Underwriter: Ivory Koppel, Tel #:(925) 855-3270

**SP 0001 (ed. 03 00) Policy No.** SAA 554-38-21-7512-01

# Renewal of

### **CRIME PROTECTION POLICY DECLARATIONS**

Item 1.	NAMED INSURED AND ADDRESS:	Item 2.	<b>POLICY PERIOD:</b>	
			12:01 A.M. Standard T	ime at the
Hiland Hills	Townhouse Owners Association		address of the Named Insured	
			shown at left	
c/o LCM Pro	pperty Mgmt 7995 E. Mississippi Ave.		From 11/28/2010	To11/28/2011
Denver, CO	80247			

# Insurance is afforded by: Great American Insurance Cou

Item 3.	INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES					
Insuring Agreement	Limit of Insurance Per Occurence	Deductible Amount Per Occurence				
1. Employee Dishonesty	\$250,000	\$2,500				
2. Forgery or Alteration	\$ Not Covered N/A	\$ Not Covered N/A				
3. Inside the Premises	\$ Not Covered N/A	\$ Not Covered N/A \$ Not Covered N/A \$ Not Covered N/A				
4. Outside the Premises	\$ Not Covered N/A					
5. Computer Fraud	\$ Not Covered N/A	\$ Not Covered N/A				
	it Paper Currency \$ Not Covered N/A	\$ Not Covered N/A				
If added by Endorsement, Insu	ring Agreement(s):					
	\$ Not Covered N/A	\$ Not Covered N/A				
	\$ Not Covered N/A	\$ Not Covered N/A				
	\$ Not Covered N/A	\$ Not Covered N/A				
	ENDORSEMENTS applicable to all Coverage ime of issue are listed on the attached Forms an	* *				
Item 5. CANCELLAT	CANCELLATION OF PRIOR INSURANCE					
By acceptance of	of this Policy you give us notice canceling prior	policy Nos.				
Countersigned:	By:					
(Date)	Authorized Repre	Authorized Representative				

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#### **BUSINESSPRO GENERAL ENDORSEMENT**

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

#### **ENDORSEMENT NO. 1**

#### PREMIUM ENDORSEMENT

This endorsement modifies Crime Protection Policy No.38-21-7512 and is added to the Schedule of Forms IL8801 (11/85).

It is agreed that:

1. The basic premium charged for the attached policy for the period:

From 11/28/2010 To11/28/2011

Is

Premium: \$582.00 Taxes/Fees:

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#### THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

# INCLUDE DESIGNATED AGENTS AS EMPLOYEES COVERED FOR EMPLOYEE DISHONESTY ONLY

This Endorsement modifies Crime Protection Policy No.38-21-7512 and is added to the Schedule of Forms IL8801 (11/85).

- 1. For purposes of Insuring Agreement **1.** only, **Employee** also includes each natural person, partnership, or corporation you appoint in writing to act as your agent in the capacity enumerated below while acting on your behalf or while in possession of property which you own or for which you are legally liable.
  - Each such agent and the partners, officers and employees of that agent are considered to be collectively, one **employee** for the purposes of this insurance. However, Condition **1. Cancellation** of the Conditions Applicable to Insuring Agreement **1.** applies individually to each of them.
- 2. The most we will pay under this policy for loss caused by an agent included as an employee by this Endorsement is the Limit of Insurance shown below. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations as applicable to Insuring Agreement 1.
- 3. The capacity of the agent and corresponding Limit of Insurance for this Endorsement are:

#### **Capacity of Agent**

**Limit of Insurance** 

Property Manager

Same as Policy Limit of Insurance Per Occurrence and Deductible Amount Per Occurrence For Insuring Agreement 1.

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### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### INCLUDE SPECIFIED NON-COMPENSATED OFFICERS AS EMPLOYEES

This Endorsement modifies Crime Protection Policy No. 38-21-7512 and is added to the Schedule of Forms IL8801 (11/85).

**I. Employee** also includes your following non-compensated officers:

ALL NON-COMPENSATED OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# INCLUDE VOLUNTEER WORKERS OTHER THAN FUND SOLICITORS AS EMPLOYEES

This endorsement modifies Crime Protection Policy No. 38-21-7512 and is added to the Schedule of Forms IL8801 (11/85).

**Employee** also includes any non-compensated natural person, other than one who is a fund solicitor, while performing services for you that are usually the duties of an **employee**.

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