COMMON POLICY DECLARATIONS

Renewal of CPS112/329



## SCOTTSDALE INSURANCE COMPANY<sup>®</sup>

Policy Number CPS1300142

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215 Administrative Office:

8877 North Cainey Center Drive - Scottsdale, Arizona 85258 1-800-423-7675

A STOCK COMPANY

## ITEM 1. Named Insured and Mailing Address

HIDAND HILLS COWNHOUSE OWNERS ABSOC. INC., C/C LOW PROPERTY MGM1. TWV6 S JACKSON SP #EB0DENVER, CO 80210

ITEM 2. Policy Period

Agent Name and Address CRUMP INSURANCE SERVICE, INC. 5813 DTC PARKWAY SUTTE 425 GREENWOOD VILLAGE, CO 8011

Agent No.: <u>05022</u> Program No.: \_\_\_\_ To: 11/28/2011 Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the

From: 11/28/2010

Business Description: OMISOWNERS ASSOCIATION

insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment. Coverage Part(s) Premium Summary Commercial General Liability Coverage Part 3,619 59,047 Commercial Property Coverage Part Commercial Crime And Fidelity Coverage Part NOT COMERED \$\_\_\_\_NOT\_COVERED Commercial Inland Marine Coverage Part Commercial Auto Coverage Part Professional Liability Coverage Part Total Policy Premium: \$\_\_\_\_\_62,868.00 тыврасттою вая \$\_\_\_\_\_ 225.79 1,006.75 CO B/L TAR (3.00%) \$\_\_\_ THIS CONTRACT IS DELIVERED AS A SURPLUS LINE INSURANCE UNDER THE 'NONADMITTED INSURANCE ACT'. THE INSURER ISSUING THIS CONTRACT IS NOT ADMITTED IN COLORADO BUT IS AN APPROVED NONADMITTED INSURER. THERE IS NO PROTECTION UNDER THE

Crump Insurance Services Inc. #278387 Form(s) and Endorsement(s) made a part of this policy at time of issue:

PROVISIONS OF THE 'COLORADO INSURANCE GUARANTY ASSOCIATION

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

DENVER, CO 12/16/2010 CD/SSTCR

ACT'."

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION (\$), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY

64,778.57

Policy Total: \$,