

This information has been provided for your reference. All claims should be initiated by your management firm, Westwind Management Group, Inc. Please contact management directly to initiate the filing of a claim or if you have any questions or concerns.

For certificates of insurance, please email to [certificate@thinkccig.com](mailto:certificate@thinkccig.com). Requests may also be faxed to 303-799-0156.

To review the policy, please contact Cord Rotondo at [CordR@thinkccig.com](mailto:CordR@thinkccig.com).

**Insurance Disclosure for WILLOW CREEK HOMEOWNERS ASSOCIATION NO. 1**

<p><b>Policy 1: Primary Property &amp; Equipment Breakdown</b>          Insurance Company Name: Travelers          Policy Number: I-660-5J88722A-TCT-17          Building Limit: \$407,315          Deductible: \$500          Equipment Breakdown: Included          Expiration Date: 06/01/2018</p>	<p><b>Policy 5: Crime (Includes Employee Dishonesty/Fidelity)</b>  <b>Includes Westwind Management as additional insured.</b>          Insurance Company Name: Travelers          Policy Number: 105598634          Employee Dishonesty/Fidelity Limit: \$200,000          Forgery or Alteration Limit \$200,000          Computer Fraud Limit: \$200,000          Deductible: \$2,000          Expiration Date: 06/01/2018</p>
<p><b>Policy 2: Excess Property</b>          N/A</p>	<p><b>Policy 6: Umbrella Liability</b>          Insurance Company Name: Travelers          Policy Number: CUP-5J887440-17-42          Policy Limit: \$1,000,000          Deductible: \$10,000          Expiration Date: 06/01/2018</p>
<p><b>Policy 3: General Liability, Hired &amp; Non Owned</b>          Insurance Company Name: Travelers          Policy Number: I-660-5J88722A-TCT-17          Liability Limit Per Occurrence: \$1,000,000          Liability Aggregate Limit: \$2,000,000          Hired &amp; Non Owned Auto: \$1,000,000          Expiration Date: 06/01/2018</p>	<p><b>Policy 7: Workers Compensation</b>          N/A</p>
<p><b>Policy 4: Directors &amp; Officers Liability</b>  <b>Includes Westwind Management as additional insured.</b>          Insurance Company Name: United States Liability Insurance          Policy Number: CAP1008453G          Policy Limit: \$1,000,000          Deductible: \$2,500          Expiration Date: 06/01/2018</p>	<p><i>INSURANCE IS FOR BUILDING COVERAGE AND GENERAL LIABILITY FOR THE ASSOCIATION'S COMMON AREAS ONLY. PLEASE REFER TO THE DECLARATIONS AND/OR BYLAWS FOR UNIT OWNER'S RESPONSIBILITIES. PLEASE BE ADVISED THAT AN HO6 (OWNER OCCUPANCY) OR HO4 (TENANT OCCUPANCY) MAY BE NECESSARY. CONTACT YOUR OWN INSURANCE AGENT TO VERIFY YOUR REQUIRED UNIT COVERAGE.</i></p>

This summary is a brief overview of protection. It does not take the place of the actual contract. Coverage is subject to all terms, conditions, limitations and exclusions of that contract. Please see the actual policy for complete details.

