

74 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
VT insurance company of The Hartford Insurance Group shown below.

SBA

**INSURER:** SENTINEL INSURANCE COMPANY, LIMITED  
HARTFORD PLAZA, HARTFORD, CT 06115  
COMPANY CODE: A

**Policy Number:** 34 SBA VT7427 DX



**SPECTRUM POLICY DECLARATIONS**

ORIGINAL

05880  
\*3100234VT74270111

**Named Insured and Mailing Address:** COPPERLEAF HOMEOWNERS ASSN INC  
(No., Street, Town, State, Zip Code) C/O PROKOPIAK MANAGEMENT COMPANY  
13700 TROON COURT  
BROOMFIELD CO 80023

**Policy Period:** From 07/01/10 To 07/01/11 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** VAN GILDER INSURANCE CORP/PHS  
**Code:** 341438

**Previous Policy Number:** 34 SBA VT7427

**Named Insured is:** ASSOCIATION

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

**TOTAL ANNUAL PREMIUM IS:** \$7,953

Countersigned by *Justine R. Gier* Authorized Representative 05/04/10 Date



**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 34 SBA VT7427

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 001

**PROPERTY OPTIONAL COVERAGES APPLICABLE TO THIS LOCATION      LIMITS OF INSURANCE**

**ADDITIONAL COVERED PROPERTY**      \$ 1,762,308  
**FORM SS 04 64**  
**ITEM: OUTDOOR FENCES**

**BACK-UP OF SEWERS AND DRAINS**      \$ 25,000  
**COVERAGE FORM SS 04 53**

**BUILDING STRETCH**  
**FORM: SS 04 52**  
**THIS FORM INCLUDES MANY ADDITIONAL COVERAGES AND EXTENSIONS OF COVERAGES. A SUMMARY OF THE COVERAGE LIMITS IS ATTACHED.**

**LIMITED FUNGI, BACTERIA OR VIRUS**      \$ 50,000  
**COVERAGE:**

**FORM SS 40 93**  
**THIS IS THE MAXIMUM AMOUNT OF INSURANCE FOR THIS COVERAGE, SUBJECT TO ALL PROPERTY LIMITS FOUND ELSEWHERE ON THIS DECLARATION.**  
**INCLUDING BUSINESS INCOME AND EXTRA EXPENSE COVERAGE FOR:**      30 DAYS

05881  
\*3100234VT74270111

**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER:** 34 SBA VT7427

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001            **Building:** 002

4895 S. TIBET STREET  
CENTENNIAL            CO 80015

**Description of Business:**  
Auxiliary Building or Structure

**Deductible:** \$ 2,500 PER OCCURRENCE

**BUILDING AND BUSINESS PERSONAL PROPERTY LIMITS OF INSURANCE**

**BUILDING**

REPLACEMENT COST	INCL IN BLKT
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**BUSINESS PERSONAL PROPERTY**

REPLACEMENT COST	NO COVERAGE
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**PERSONAL PROPERTY OF OTHERS**

REPLACEMENT COST	NO COVERAGE
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**MONEY AND SECURITIES**

INSIDE THE PREMISES	\$ 10,000
OUTSIDE THE PREMISES	\$ 5,000



**SPECTRUM POLICY DECLARATIONS (Continued)**

**POLICY NUMBER: 34 SBA VT7427**

**PROPERTY OPTIONAL COVERAGES APPLICABLE TO ALL LOCATIONS LIMITS OF INSURANCE**

**BUSINESS INCOME AND EXTRA EXPENSE  
COVERAGES** 12 MONTHS ACTUAL LOSS SUSTAINED  
**COVERAGES INCLUDES THE FOLLOWING  
COVERAGES EXTENSIONS:**

**ACTION OF CIVIL AUTHORITY:** 30 DAYS  
**EXTENDED BUSINESS INCOME:** 30 CONSECUTIVE DAYS

**BLANKET BUILDING AND BUSINESS  
PERSONAL PROPERTY** \$ 1,747,500  
LOCATIONS WITH A SPECIFIED LIMIT  
FOR BLDG OR BPP ARE NOT SUBJECT  
TO THE BLANKET LIMIT

**EQUIPMENT BREAKDOWN COVERAGE  
COVERAGES FOR DIRECT PHYSICAL LOSS  
DUE TO:**  
MECHANICAL BREAKDOWN,  
ARTIFICIALLY GENERATED CURRENT  
AND STEAM EXPLOSION

**THIS ADDITIONAL COVERAGE INCLUDES  
THE FOLLOWING EXTENSIONS**  
HAZARDOUS SUBSTANCES \$ 50,000  
EXPEDITING EXPENSES \$ 50,000

**MECHANICAL BREAKDOWN COVERAGE ONLY  
APPLIES WHEN BUILDING OR BUSINESS  
PERSONAL PROPERTY IS SELECTED ON  
THE POLICY**

**IDENTITY RECOVERY COVERAGE** \$ 15,000  
**FORM SS 41 12**

