

DATE (MM/DD/YYYY)

	70	CERTIF	ICATE OF LIAB	ILII Y INS	ORANCI	OPID CS COLOR05	09/09/09	
PRODUCER Henry Ham Agency, Inc. P.O. Box 100547 645 E. Evans Ave.				ONLY AN	D CONFERS NO THIS CERTIFIC	SUED AS A MATTER O RIGHTS UPON THE CATE DOES NOT AME AFFORDED BY THE I	CERTIFICATE ND, EXTEND OR	
Denver CO 80250 Phone: 303-744-1341 Fax: 303-744-0654				INSURERS	INSURERS AFFORDING COVERAGE			
INSU	JRED			INSURER A:	Colony Insu	rance Company		
				INSURER B:				
		Colorado Gay Volle	yball Associ	INSURER C:	INSURER C:			
		PO Box 18576 Denver CO 80218	-	INSURER D:	INSURER D:			
L				INSURER E:	INSURER E:			
		AGES						
AI M	NY RE AY PE	DLICIES OF INSURANCE LISTED BELC QUIREMENT, TERM OR CONDITION ( RTAIN, THE INSURANCE AFFORDED ES. AGGREGATE LIMITS SHOWN MAY	OF ANY CONTRACT OR OTHER DO BY THE POLICIES DESCRIBED HER	CUMENT WITH RES	SPECT TO WHICH T	HIS CERTIFICATE MAY BE IS	SSUED OR	
INSR LTR	ADD'L INSRE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	S	
		GENERAL LIABILITY		(	(	EACH OCCURRENCE	\$1,000,000	
A	x	X COMMERCIAL GENERAL LIABILITY	GL3762064	08/30/09	08/30/10	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000	
		CLAIMS MADE OCCUR				MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,00,000	
						GENERAL AGGREGATE	\$2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000	
		POLICY PRO- JECT LOC						
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC	\$	
						AUTO ONLY: AGG	\$	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
							\$	
		DEDUCTIBLE					\$	
	WOR	RETENTION \$ KERS COMPENSATION				WC STATU- OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N				TORY LIMITS ER	0	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below					E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	\$	
							\$	
	OTH					E.E. DIOLAGE - FOLIOT EINIT	<b>V</b>	
A	Ex	cess Participant		08/30/09	08/30/10	Occurence	\$25,000	
			00,00,00	00,00,20	Aggregate	\$50,000		
Ce fo	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  Certificate Holder is named as Additional Insured for General Liability per  form U157 attached with respect to our insured's negligence only.  This certificate of insurance does not affirmatively or negatively amend,							
	extend or alter the coverages afforded by the insurance policy							
CE	CERTIFICATE HOLDER CANCELLATION							

UNIVD-1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 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.

University of Denver Lukhvinder (Lucky) Rai 2201 E Asbury Ave, Rm 2540 Denver CO 80208

AUTHORIZED REPRESENTATIV

1988-2009 ACORD CORPORATION. All rights reserved.

#### **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.



### CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)

						COLOR05 L	09/09/09	
PRODUCER Henry Ham Agency, Inc. P.O. Box 100547 645 E. Evans Ave.				ONLY ANI HOLDER.	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.			
		c CO 80250						
Phone: 303-744-1341 Fax: 303-744-0654				INSURERS	INSURERS AFFORDING COVERAGE			
INSU	RED			INSURER A:	Colony Insu	rance Company		
				INSURER B:	-			
		Colorado Gay Volle	whall Associ	INSURER C:				
		Colorado Gay Volle PO Box 18576	ybaii Associ	INSURER D:				
		Denver CO 80218		INSURER E:				
co	VER	AGES						
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.								
	ADD'L INSRE		POLICY NUMBER	POLICY EFFECTIVE	Y EFFECTIVE   POLICY EXPIRATION   LIMITS   LIMITS			
		GENERAL LIABILITY		···- (······)		EACH OCCURRENCE	\$1,000,000	
A	x	X COMMERCIAL GENERAL LIABILITY	GL3762064	08/30/09	08/30/10	DAMAGE TO RENTED PREMISES (Ea occurence)	\$ 100,000	
		CLAIMS MADE OCCUR		• •	, ,	MED EXP (Any one person)	\$ <b>5</b> , <b>000</b>	
						PERSONAL & ADV INJURY	\$1,00,000	
						GENERAL AGGREGATE	\$ 2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		POLICY PRO- JECT LOC						
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT		
		ANY AUTO				(Ea accident)	\$	
		ALL OWNED AUTOS				DODILY IN ILIDY		
		SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS						
		NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				EA ACC	\$	
						OTHER THAN AUTO ONLY:  AGG	\$	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
						7.00.11207112	\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
		KERS COMPENSATION				WC STATU- OTH-	Ψ	
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE				TORY LIMITS ER	\$	
	OFFI	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE		
	If yes	, describe under CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT		
	ОТН					E.E. BIOL/IOE - FOLIOT EINIT	Ψ	
Α	F.v	cess Participant		08/30/09	08/30/10	Occurence	\$25,000	
				00,00,00	00,00,20	Aggregate	\$50,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS								
Certificate Holder is named as Additional Insured for General Liability per form U156 attached with respect to our insured's negligence only. This certificate of insurance does not affirmatively or negatively amend, extend or alter the coverages afforded by the insurance policy								
CERTIFICATE HOLDER CANCELLATION								
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
202020				_				
0000000				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $0$ 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					
Inverness Sports Complex				REPRESENTATIVES.				

82 Inverness Dr. E. Englewood CO 80112 ACORD 25 (2009/01)

#### **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.



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

						COLORUS	09/09/09	
PRODUCER  THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATIO ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE								
Henry Ham Agency, Inc. P.O. Box 100547				UNLYAN	THIS CEPTIEIC	ATE DOES NOT AME	ND EVIEND OD	
1								
1		. Evans Ave.		ALILKII	ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW			
		r CO 80250						
Ph	one	::303-744-1341 Fax:30	03-744-0654	INSURERS	AFFORDING CO	OVERAGE	NAIC #	
INSU	IRED			INSURER A:	Colony Insu	rance Company		
					COTOHY THSU	rance company		
				INSURER B:				
		Colorado Gav Volle	vball Associ	INSURER C:				
		Colorado Gay Volle PO Box 18576	2	INSURER D:				
		Denver CO 80218		INSURER E:				
느				INSURER E.				
_ <u>co</u>	VER	RAGES						
T	HE PO	DLICIES OF INSURANCE LISTED BELC	OW HAVE BEEN ISSUED TO THE INS	URED NAMED ABO	VE FOR THE POLICY	PERIOD INDICATED. NOTV	VITHSTANDING	
		EQUIREMENT, TERM OR CONDITION						
		ERTAIN, THE INSURANCE AFFORDED			O ALL THE TERMS, E	EXCLUSIONS AND CONDITIO	INS OF SUCH	
	ADD'I	ES. AGGREGATE LIMITS SHOWN MAY	THAVE BEEN REDUCED BY PAID CL		DOLLOV EXPIDATION			
	INSRI		POLICY NUMBER	DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	5	
		GENERAL LIABILITY		,	,	EACH OCCURRENCE	\$1,000,000	
١.,	37		GT 27.620.64	00/20/00	00/20/10	DAMAGE TO RENTED		
A	X	X COMMERCIAL GENERAL LIABILITY	GL3762064	08/30/09	08/30/10	PREMISES (Ea occurence)	\$ 100,000	
		CLAIMS MADE OCCUR				MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,00,000	
						GENERAL AGGREGATE	\$2,000,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000	
		POLICY PRO- JECT LOC						
		AUTOMOBILE LIABILITY						
						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO				(La accident)		
		ALL OWNED AUTOS				BODILY INJURY		
		SCHEDULED AUTOS				(Per person)	\$	
		HIRED AUTOS				BODILY INJURY	\$	
		NON-OWNED AUTOS				(Per accident)	•	
						5565557544465		
						PROPERTY DAMAGE (Per accident)	\$	
<u> </u>						(		
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				OTHER THAN EA ACC	\$	
						ALITO ONLY:	\$	
<u> </u>							·	
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
		OCCUR CLAIMS MADE				AGGREGATE	\$	
							\$	
		DEDUCTIBLE					\$	
		DEDUCTIBLE					<b>D</b>	
		RETENTION \$					\$	
		RKERS COMPENSATION				WC STATU- OTH- TORY LIMITS ER		
		PROPRIETOR/PARTNER/EXECUTIVE 7 / N				E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCLUDED?						
		ndatory in NH) s, describe under				E.L. DISEASE - EA EMPLOYEE	\$	
		CIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
	ОТН	ER						
	177-	Dantinin		00/20/00	00/20/10	0	¢25 000	
A	EX	cess Participant		08/30/09	08/30/10	Occurence	\$25,000	
	<u></u>					Aggregate	\$50,000	
DES	CRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	CLES / EXCLUSIONS ADDED BY ENDORS	EMENT / SPECIAL PRO	OVISIONS			
Ce	rti	ficate Holder is name	ed as Additional Ins	ired for Ge	neral Liabi	lity per		
fo	rm	U156 attached with re	espect to our insured	d's neglige	nce only.			
		certificate of insura				amend,		
		d or alter the covera				•		
			<b>.</b>		F 2			
<u>~</u> _								
CERTIFICATE HOLDER CANCELLATION								
s				SHOULD ANY C	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
			A T 1911	DATE THEREON	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL $\   0 \ $ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
			CITYD-	<sup>~</sup> I				
				NOTICE TO THE				
					IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
				REPRESENTAT	REPRESENTATIVES.			
City & County of Denver					AUTHORIZED REPRESENTATIVE—			
201 W Colfax, Dept 108					A THOMAS A T			
Denver CO 80202								
ACORD 25 (2009/01)				949	9988-2009 ACORD CORPORATION. All rights reserved.			
		-						

#### **IMPORTANT**

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#### DISCLAIMER

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

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name of Person or Organization (Additional Insured):

UNIVERSITY OF DENVER
2201 E ASBURY AVE. RM 2540

DENVER CO 80206

#### A. SECTION II - WHO IS AN INSURED is amended and the following added:

The person or organization (called "additional insured") shown in the Schedule is also an insured but only:

- a. with respect to <u>indirect liability</u> caused by or resulting from your ongoing operations performed for that "additional insured(s)"; and
- **b.** when you and the person or organization shown in the Schedule have agreed in writing in a contract or agreement that such person or organization be added as an "additional insured" on your policy.

A person's or organization's status as an "additional insured" under this endorsement ends when their contract or agreement with you ends.

## B. SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions is amended and the following added:

This insurance does not apply to:

#### Additional Insured Contractual Liability

"Bodily injury" or "property damage" for which the "additional insured(s)" are obligated to pay damages by reason of the assumption of liability in a contract or agreement.

#### **Finished Operations or Work**

"Bodily injury" or "property damage":

- (1) occurring after "your work", including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the "additional insured(s)" at the site of the covered operations has been completed; or
- (2) occurring after that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization.

#### **Negligence of Additional Insured**

"Bodily injury" or "property damage" <u>directly</u> arising out of or resulting from the sole-negligence of the "additional insured(s)".

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

U156-0702 Page 1 of 1

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

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name of Person or Organization (Additional Insured):

THE SPORTSBRIDGE SPORTS COMPLEX 82 INVERNESS DR. E.

ENGLEWOOD CO 80112

#### A. SECTION II - WHO IS AN INSURED is amended and the following added:

The person or organization (called "additional insured") shown in the Schedule is also an insured but only:

- **a.** with respect to <u>indirect liability</u> caused by or resulting from your ongoing operations performed for that "additional insured(s)"; and
- **b.** when you and the person or organization shown in the Schedule have agreed in writing in a contract or agreement that such person or organization be added as an "additional insured" on your policy.

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U156-0702 Page 1 of 1

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

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name of Person or Organization (Additional Insured):

CITY AND COUNTY OF DENVER, ITS OFFICERS, OFFICIALS AND EMPLO 201 WEST COLFAX AVE. DEPT 108

DENVER CO 80202

#### A. SECTION II - WHO IS AN INSURED is amended and the following added:

The person or organization (called "additional insured") shown in the Schedule is also an insured but only:

- a. with respect to <u>indirect liability</u> caused by or resulting from your ongoing operations performed for that "additional insured(s)"; and
- **b.** when you and the person or organization shown in the Schedule have agreed in writing in a contract or agreement that such person or organization be added as an "additional insured" on your policy.

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U156-0702 Page 1 of 1