

Common Policy Declarations

TRUCK INSURANCE EXCHANGE
(A RECIPROCAL COMPANY)

R

Members Of The Farmers Insurance Group Of Companies
Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010

CONDOMINIUM - PREMIER

1.

Named · LODGE AT LAKE DILLON
Insured ·
Mailing · PO BOX 2609
Address · C/O JEFF SAHR
· DILLON CO 80435-2609

| | |
|-----------|---------------|
| Acct. No. | Prod. Count |
| 07-07-303 | 04595-73-53 |
| Agent No. | Policy Number |

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 03/01/14 (not prior to time applied for) to 03/01/15 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

This Policy Consists Of The Following Coverage Parts Listed Below And For Which A Premium Is Indicated. This Premium May Be Subject To Change.

| | Premium After Applicable Discount and Modification |
|--|--|
| CONDOMINIUMS OWNERS POLICY | \$12,327.00 |
| BUSINESS AUTO POLICY | \$1,385.00 |
| DIRECTORS AND OFFICERS LIABILITY COVERAGE PART | \$1,172.00 |
| CYBER LIABILITY AND DATA BREACH COVERAGE | \$35.00 |
| CERTIFIED ACTS OF TERRORISM - SEE DISCLOSURE ENDORSEMENT | INCLUDED |
| | |
| | |
| | |
| | |
| | |
| | |
| Total *see Additional Fee Information below | See Invoice Attached |



Forms applicable to all Coverage Parts:

E4277-ED1

25-3065

Countersigned _____ By _____
(Date) (Authorized Representative)

Agent: **BOB STRONG**

Agent Phone: 970-879-1330

Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

In consideration of our agreement to allow you to pay in installments, the following service fee(s) will apply:

For the Monthly Recurring Electronic Funds Transfer (EFT) and fully enrolled in on-line billing (paperless) option, a service charge of \$ N/A per Installment is applied per account.

For the Monthly EFT payment plan, a service charge of \$ 2.00 per installment is applied per account.

For the 2-Pay payment plan option, a service charge of \$ 7.00 is applied per renewal term.

For all payment plans other than those listed above, a service charge of \$ 5.00 per installment is applied per account.

If your account is for payment of premium on more than one policy, any change in these fees will not be effective until the updated service fee information is provided for each of the policies.

In addition, the following fees also apply:

Late Fee: \$10.00 (applied per account)

Returned Payment Charge \$20.00 (applied per each check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)

Reinstatement Fee: \$25.00 (applied per account; over 30 days but under 6 months)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

TRUCK INSURANCE EXCHANGE

**Members Of The Farmers Insurance Group Of Companies
Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010**

Policy Declarations

1. **CONDOMINIUM - PREMIER**

Named : **LODGE AT LAKE DILLON**

Insured :
Mailing : **PO BOX 2609**
Address : **C/O JEFF SAHR**
DILLON

CO 80435-2609

| | |
|------------------|--------------------|
| Acct. No. | Prod. Count |
| 07-07-303 | 04595-73-53 |
| Agent No. | Policy Number |

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business **CONDOMINIUM**

2. Policy Period from **03/01/14** (not prior to time applied for) to **03/01/15** 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

001 220 LA BONTE DILLON CO 80435

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

Property

Coverages And Limits Of Insurance

| COVERAGES | PREMISE NO. 001 |
|--------------------------------------|-----------------|
| BUILDINGS | \$10,894,900 |
| BUSINESS PERSONAL PROPERTY | \$7,800 |
| BUILDING ORDINANCE AND LAW | COV 1 COVERED |
| | COV 2 \$280,900 |
| | COV 3 \$922,000 |
| CONDOMINIUM UNIT COVERAGE | INCLUDED |
| SPECIFIED PROPERTY | \$75,000 |
| ASSOCIATION FEE AND EXTRA EXPENSE | \$100,000 |
| AUTOMATIC BUILDING INCREASE | 8% |
| PROPERTY DEDUCTIBLE | \$5,000 |

Additional Coverages

| Coverage | All Premises |
|---------------------------|----------------|
| MASTER KEY | \$100/\$10,000 |
| BACKUP OF SEWER AND DRAIN | \$100,000 |



FARMERS
INSURANCE

Coverage Extensions - Optional Higher Limits of Insurance Per Occurrence

| Coverage | All Premises |
|--------------------------------|--------------|
| ACCOUNTS RECEIVABLE | \$5,000 |
| VALUABLE PAPERS | \$5,000 |
| EDP | \$10,000 |
| NEWLY ACQ PROP OR CONST BLDG | \$250,000 |
| PERS PROP AT NEWLY ACQ PREMISE | \$100,000 |

Optional Coverages: We provide insurance for those Optional Coverages described below.

| Coverage | All Premises |
|--------------------------------|---|
| OUTDOOR SIGNS | \$50,000 \$500 DEDUCTIBLE |
| EMPLOYEE DISHONESTY | \$100,000 \$5,000 DEDUCTIBLE |
| MONEY AND SECURITIES | \$10,000 \$500 DEDUCTIBLE |
| OUTDOOR PROPERTY | \$50,000 |
| DIRECTORS & OFFICERS LIABILITY | \$2,000,000EACH CLAIM \$2,000,000ANNUAL AGGREGATE |

Liability And Medical Payments - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

| Coverage | Limits Of Insurance |
|-------------------|--|
| LIABILITY | \$2,000,000 PER OCC/ \$4,000,000 GEN AGG |
| MEDICAL EXPENSES | \$5,000 PER PERSON |
| TENANTS LIABILITY | \$75,000 PER OCCURRENCE |

Mortgage Holders:

| Premises No. | Mortgage Holder Name, Address |
|--------------|-------------------------------|
| | |

Countersigned _____ By _____
 (Date) (Authorized Representative)

Policy Number: 04595-73-53

Effective Date: 03/01/14

Policy Forms and Endorsements attached at inception:

| Number | Title |
|-----------|---|
| E3024-ED3 | CONDOMINIUM COMMON CONDITIONS |
| E3037-ED1 | NO COVG-CERTAIN COMPUTER RELATED LOSSES |
| 25-2110 | WORK COMP EXCLSUION |
| E3314-ED3 | CONDOMINIUM LIABILITY COVG FORM |
| E3422-ED3 | CONDOMINIUM PROPERTY COVG FORM |
| E3015-ED2 | CALCULATION OF PREMIUM |
| E0125-ED1 | LEAD POISONING & CONTAMINATION EXCL |
| S0741-ED2 | CO CHGS-CANC & NONRENEWAL |
| S0743-ED2 | CO-YOUR RIGHT TO CLAIM & OCC INFO |
| S0744-ED2 | CO CHG-CONCLMNT, MISREP OR FRAUD |
| E0104-ED1 | BUSINESS LIAB COV-TENANTS LIAB |
| E0147-ED1 | WAR LIABILITY EXCLUSION |
| E4009-ED4 | MOLD & MICROORGANISM EXCLUSION |
| E0051-ED2 | ASBESTOS & SILICA EXCLUSION END |
| E2038-ED2 | CONDITIONAL EXCLUSION OF TERRORISM |
| J6316-ED1 | EXCL OF LOSS DUE TO VIRUS OR BACT |
| J6347-ED1 | EXCL-VIOLATION OF STATUTES |
| J6350-ED1 | EMPLOYEE DISHONESTY-PROPERTY MGR |
| J6351-ED1 | LIMITED TERRORISM EXCLUSION |
| J6300-ED2 | DISCL OF PREM-CERT ACTS OF TERROR |
| E3331-ED3 | LIMIT OF COVG TO DESIG PREM OR PROJ |
| J6353-ED1 | CHANGE TO LIMITS OF INSURANCE |
| J6739-ED1 | TWO OR MORE COVERAGE FORMS |
| J6829-ED1 | LTD COVG FOR FUNGI, WET/DRY ROT |
| J6849-ED1 | DEDUCTIBLE PROVISIONS |
| J6833-ED2 | CONDOMINIUM PREMIER PACKAGE END |
| E6288-ED3 | EXCL-BUILDING CONVERSION |
| E0119-ED5 | BACKUP OF SEWER OR DRAIN COVG |
| E0124-ED1 | MECHANICAL BREAKDOWN COVG END |
| E3418-ED2 | CONDO ASSOC UNIT COVG END |
| E9122-ED6 | D & O LIAB COVG FORM |
| E9126-ED5 | D & O LIAB-DISCRIM EXCL BUYBACK |
| S0755-ED1 | COLORADO AMENDATORY ENDORSEMENT |
| 56-5931 | CYBER LIABILITY DEC |
| J6610-ED1 | CYBER LIABILITY & DATA BREACH |
| 25-8934 | COLORADO POLICYHOLDER LETTER |

Countersigned _____ By _____
(Date) (Authorized Representative)

BUSINESS AUTO DECLARATIONS

POLICY
 COVERAGE PART

TRUCK INSURANCE EXCHANGE

MEMBERS OF FARMERS INSURANCE GROUP OF COMPANIES
 HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010

R

ITEM ONE

NAMED INSURED: LODGE AT LAKE DILLON
 MAILING ADDRESS: PO BOX 2609
 C/O JEFF SAHR DILLON CO 80435-2609

Account Number: 07-07-303
 Prod. Count: 04595-73-53
 Agent: Policy Number

The named insured is an individual Partnership Corp. Joint Venture Organization (Other than Partnership or joint venture)
 unless otherwise stated: Type of Business **CONDOMINIUM**

Policy Period from 03/01/14 (not prior to time applied for) to 03/01/15 12:01 AM Standard Time

If this policy replaces other coverages that end at noon standard time on the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

*This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

| COVERAGES | *COVERED AUTOS | LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS (LIMITS SHOWN IN THOUSANDS) | PREMIUM |
|--|----------------|---|----------|
| LIABILITY | 7 8 9 | \$ 1000 | 904.00 |
| PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage) | | SEPARATELY STATED IN EACH PIP ENDORSEMENT | |
| ADDED PERSONAL INJURY PROTECTION (or equivalent added no-fault cov.) | | SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT | |
| PROPERTY PROTECTION INSURANCE (Michigan only) | | SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DEDUCTIBLE FOR EACH ACCIDENT | |
| AUTO MEDICAL PAYMENTS | 7 | \$ SEE SCHEDULE | 33.00 |
| UNINSURED MOTORIST | 7 | \$ SEE SCHEDULE | 77.00 |
| UNINSURED MOTORIST PROPERTY DAMAGE | | \$ | |
| UNDERINSURED MOTORISTS (When not incl. in Uninsured Motorists Coverage) | 7 | \$ | |
| PHYSICAL DAMAGE COMPREHENSIVE COVERAGE | 7 | Actual Cash Value or Cost of Repair, whichever is less minus \$ SEE SCHEDULE Ded. for Each Covered Auto. But no Deductible Applies to Loss Caused by Fire or Lightning. See Item Four for hired or borrowed "autos". | 137.00 |
| PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE | | Actual Cash Value or Cost of Repair, whichever is Less Minus \$25 Ded. for Each Covered Auto for loss Caused by Mischief or Vandalism. See Item Four for hired or borrowed "Autos". | |
| PHYSICAL DAMAGE COLLISION COVERAGE | 7 | Actual Cash Value or Cost of Repair whichever is less minus \$ SEE SCHEDULE Ded. for Each Covered Auto. See item four for hired or borrowed "Autos". | 234.00 |
| PHYSICAL DAMAGE TOWING AND LABOR | | \$ for each disablement of a covered "auto." (ACTUAL LIMIT) | |
| | | PREMIUM FOR ENDORSEMENTS | |
| | | ESTIMATED TOTAL PREMIUM | 1,385.00 |



BUSINESS AUTO DECLARATIONS (Continued)
ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

| Covered Auto No. | DESCRIPTION | | | PURCHASED | | TERRITORY Town & State where Covered Auto will be principally garaged |
|------------------|---|-----|------|-------------------|--------------------------------|--|
| | Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN) | | | Original Cost New | Actual Cost & New (N) USED (U) | |
| 1 | 99 DODGE 3B7KF26Z6XM587319 | RAM | 2500 | 29001 | | DILLON CO 45 |

| Covered Auto No. | CLASSIFICATION | | | | | | | Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss. |
|------------------|---------------------|---|--|-----------|--|-------------------------|------|---|
| | Radius of Operation | Business use s - service r - retail c - commercial | Size GVW, GCW or Veh. Seating Capacity | Age Group | Primary Rating Factor Liab. Phy. Dam. | Secondary Rating Factor | Code | |
| 1 | 100 | | 10000 | G | | | | |

| COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead) | | | | | | | | |
|---|-----------|---------|---|---------|--|---|--------------------------|--|
| Covered Auto No. | LIABILITY | | PERSONAL INJURY PROTECTION | | ADDED P.I.P. | | PROP. PROT. (Mich. only) | |
| | *Limit | Premium | Limit stated in each P.I.P. End, minus deductible shown below | Premium | Limit stated in each Added P.I.P. End. Premium | Limit stated in P.P.I. end, minus deduct. shown below | Premium | |
| 1 | 1000 | 716.00 | | | | | | |
| Total Premium | | 716.00 | | | | | | |

| COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead) | | | | | | | | |
|---|---------------|---------|---------------------|---------|------------------------------------|---------|------------------------|---------|
| Covered Auto No. | AUTO MED. PAY | | UNINSURED MOTORISTS | | UNINSURED MOTORIST PROPERTY DAMAGE | | UNDERINSURED MOTORISTS | |
| | *Limit | Premium | *Limit | Premium | *Limit | Premium | *Limit | Premium |
| 1 | 5 | 33.00 | 1000 | 77.00 | | | | |
| Total Premium | | 33.00 | | 77.00 | | | | |

| COVERAGES-PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead) | | | | | | | | |
|---|---|---------|----------------------------------|--|--|---------|-----------------------|---------|
| Covered Auto No. | COMPREHENSIVE | | SPECIFIED CAUSES OF LOSS | | COLLISION | | TOWING LABOR | |
| | Limit stated in ITEM TWO minus deductible shown below | Premium | Limit stated in ITEM TWO Premium | | Limit stated in ITEM TWO minus deduct. shown below | Premium | Limit Per Disablement | Premium |
| 1 | 500 | 137.00 | | | 500 | 234.00 | | |
| Total Premium | | 137.00 | | | | 234.00 | | |

*(LIMITS SHOWN IN THOUSANDS)