

TRUCK INSURANCE EXCHANGE

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

POLICY DECLARATIONS

CONDOMINIUM - PREMIER

1. **Named** : SAWMILL CREEK CONDO ASSOC **BD65871**
Insured : Acct. No.
Mailing : PO BOX 3355 Prod. Count
Address : BRECKENRIDGE CO 80424-3355 **07-07-854**
04599-26-32
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 06/29/10 (not prior to time applied for) to 06/29/11 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:
001 105 PARK AVENUE BRECKENRIDGE CO 80424

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	\$18,937,200
BUSINESS PERSONAL PROPERTY	\$15,100
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$76,500
	COV 3 \$38,200
CONDOMINIUM UNIT COVERAGE	INCLUDED
SPECIFIED PROPERTY	\$5,000
ASSOCIATION FEE AND EXTRA EXPENSE	\$100,000
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$1,000

ADDITIONAL COVERAGES

COVERAGE	All Premises
MASTER KEY	\$100/\$10,000
BACKUP OF SEWER AND DRAIN	\$25,000
NON-OWNED AUTO LIABILITY	\$1,000,000



COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$10,000
NEWLY ACQUIRED PROPERTY	\$250,000

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

COVERAGE	All Premises
OUTDOOR SIGNS	\$7,500
EMPLOYEE DISHONESTY	\$10,000
MONEY AND SECURITIES	\$10,000
OUTDOOR PROPERTY	\$2,500
DIRECTORS & OFFICERS LIABILITY	\$1,000,000EACH CLAIM \$1,000,000ANNUAL 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	\$1,000,000 PER OCC/ \$2,000,000 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)