

**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 : **CORRAL AT BRECKENRIDGE HOA** AW19191  
 Insured : Acct. No. Lead. Count  
 Mailing : **PO BOX 1745**  
 Address : **BRECKENRIDGE CO 80424-1745** 07-07-203 60328-29-85  
Agent No. Policy Number

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business **CONDOMINIUM**

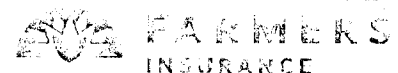
2. Policy Period from 09/01/14 (not prior to time applied for) to 09/01/15 12:01 a.m. Standard Time  
 If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for 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 31-35, 60-66, 82-88 BRECKENRIDGE CO 80424-1745**  
**BROKEN LANCE DRIVE**

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

<b>Property</b>	
<b>Coverages And Limits Of Insurance</b>	
COVERAGES	PREMISE NO. 001
BUILDINGS	\$25,917,900 AAV
BUSINESS PERSONAL PROPERTY	\$41,100
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$820,900
	COV 3 \$820,500
CONDOMINIUM UNIT COVERAGE	INCLUDED
SPECIFIED PROPERTY	\$10,000
ASSOCIATION FEE AND EXTRA EXPENSE	\$100,000
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$5,000
<b>Additional Coverages</b>	
Coverage	All Premises
MASTER KEY	\$100/\$10,000
BACKUP OF SEWER AND DRAIN	\$100,000
HIRED AUTO LIABILITY	\$1,000,000
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
FDP	\$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	\$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)