



Policyholder Information

Named Insured & Mailing Address

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC
C/O TOAD PROPERTY MANAGMENT
PO BOX 2776 CRESTED BUTTE
CRESTED BUTTE, CO 81224

Agent Mailing Address & Phone No.

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC
6300 S SYRACUSE WAY STE 700
CENTENNIAL, CO 80111-7305

Dear Policyholder:

We know you work hard to build your business. We work together with your agent, ARTHUR J GALLAGHER RISK (800) 962-7132 to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

- Business Auto

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (800) 962-7132



Reminders

- Verify that all information is correct
• If you have any changes, please contact your Agent at (800) 962-7132
• In case of a claim, call your Agent or 1-800-362-0000

THIS IS NOT A BILL

You Need To Know

- CONTINUED ON NEXT PAGE

To report a claim, call your Agent or 1-800-362-0000



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290

of 12

1

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## You Need To Know - continued

- **NOTICE(S) TO POLICYHOLDER(S)**

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

<b>FORM NUMBER</b>	<b>TITLE</b>
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- This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.



Coverage Is Provided In:  
Ohio Security Insurance Company

Policy Number:  
**BAS (20) 59 47 96 20**  
Policy Period:  
**From 01/22/2019 To 01/22/2020**  
12:01 am Standard Time  
at Insured Mailing Location

**Common Policy Declarations**

**Named Insured & Mailing Address**

CRESTED MOUNTAIN NORTH  
CONDOMINIUMS ASSOCIATION INC  
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**Agent Mailing Address & Phone No.**

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ARTHUR J GALLAGHER RISK  
MANAGEMENT SERVICES INC  
6300 S SYRACUSE WAY STE 700  
CENTENNIAL, CO 80111-7305

**Named Insured Is:** CORPORATION

**Named Insured Business Is:** CONDO HOA

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

**SUMMARY OF COVERAGE PARTS AND CHARGES**

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

**COVERAGE PART**

**CHARGES**

Business Auto

\$247.00

**Total Charges for all of the above coverage parts: \$247.00**  
**Coverage for Terrorism resulting from Nuclear, Biological or Chemical Acts is Excluded**

*Note: This is not a bill*

**IMPORTANT MESSAGES**

Issue Date

Authorized Representative

To report a claim, call your Agent or 1-800-362-0000

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290

of 12

3



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**Common Policy Declarations**

<b>Named Insured</b>	<b>Agent</b>
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC C/O TOAD PROPERTY MANAGMENT PO BOX 2776 CRESTED BUTTE CRESTED BUTTE, CO 81224	(800) 962-7132 ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC 6300 S SYRACUSE WAY STE 700 CENTENNIAL, CO 80111-7305

**POLICY FORMS AND ENDORSEMENTS**

This section lists all the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

<b>FORM NUMBER</b>	<b>TITLE</b>	<b>STATE(S) Applicable</b>
AC 00 31 01 14	Changes In Your Policy	CO
AC 84 59 06 14	State Application Of Terrorism Exclusion Endorsements Involving Nuclear, Biological Or Chemical Terrorism	CO
CA 00 01 03 06	Business Auto Coverage Form	CO
CA 01 13 01 11	Colorado Changes	CO
CA 23 45 11 16	Public or Livery Passenger Conveyance and On - Demand Delivery Services Exclusion	CO
CA 23 85 01 06	Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	CO
CA 23 87 01 06	Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism Above Minimum Statutory Limits	CO
CA 23 89 01 06	Alaska Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism Above Minimum Statutory Limits	CO
CA 23 93 01 06	Washington Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	CO
IL 00 17 11 98	Common Policy Conditions	CO

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey  
Secretary

Paul Condrin  
President

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**Agent**

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**POLICY FORMS AND ENDORSEMENTS - CONTINUED**

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

<b>FORM NUMBER</b>	<b>TITLE</b>	<b>STATE(S) Applicable</b>
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	CO
IL 01 25 11 13	Colorado Changes - Civil Union	CO
IL 01 69 09 07	Colorado Changes - Concealment, Misrepresentation or Fraud	CO
IL 02 28 09 07	Colorado Changes - Cancellation and Nonrenewal	CO

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290

of 12

5

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**Business Automobile  
Policy Declarations**

**ITEM ONE:**

<b>Named Insured</b>	<b>Agent</b>
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC	(800) 962-7132 ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC

**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.

\*See Business Auto Coverage Form CA 00 01 for Covered Auto Symbol Descriptions

<b>COVERAGES</b>	<b>LIMIT</b>	<b>PREMIUM</b>
Liability Insurance	\$1,000,000 each accident Covered Auto Symbol(s) 08, 09*	\$247.00

**Total Provisional Charges: \$247.00**

*Note: This is not a bill*

**ITEM FOUR: HIRED AUTO COVERAGE**

	<b>Estimated Annual Cost of Hire</b>	<b>Rate Per Each \$100 Annual Cost of Hire</b>	
Liability	If Any	1.392	\$92.00

**Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.**

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59479620

000257

290

of 12

7



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**Business Automobile  
Policy Declarations**

**Named Insured**

**Agent**

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MANAGEMENT SERVICES INC

**ITEM FIVE: NON-OWNERSHIP LIABILITY COVERAGE**

<u>Named Insured's Business</u>	<u>Rating Basis</u>	<u>Number</u>	<u>Premium</u>
Other than Garage Service Operations and Other Than Social Service Agencies	Number of Employees	2	\$155.00

To report a claim, call your Agent or 1-800-362-0000  
DS 70 43 01 08

of 12  
8



## REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

### We're Just a Call Away - One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at **800-362-0000** for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

### Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms - part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at [www.libertymutualgroup.com/toolkit](http://www.libertymutualgroup.com/toolkit).

For all claims inquiries please call us at **800-362-0000**.



59479620

000257

290

of 12

9

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN  
ASSETS CONTROL ("OFAC")  
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

Please refer any questions you may have to your insurance agent.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

## IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING PRACTICES

**Dear Valued Policyholder:** This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

**Premium Notice:** We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

### Available Premium Payment Plans:

- **Annual Payment Plan:** When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.
- **Installment Payment Plan:** When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments - Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

**Installment Payment Plan Fee:** If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

**Dishonored Payment Fee:** Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your Premium Notice for the actual fee that applies.

**Late Payment Fee:** If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.

**Special Note:** Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

**EFT-Automatic Withdrawals Payment Option:** When you select this option, you will not be sent Premium Notices and, in most cases, will not be charged installment fees. For more information on our EFT-Automatic Withdrawals payment option, refer to the attached policyholder plan notice and enrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

**Thank you for selecting us to service your insurance needs.**



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