

UNITED FIRE & CASUALTY COMPANY
 PO Box 73909, Cedar Rapids, IA 52407

0104

POLICY NUMBER: 60438960

ACCOUNT NUMBER: 3000240640 (2) PREMIERPRO
 DIRECT BILL -
 ISSUE DATE 12-06-2018 LTB REPLACEMENT OF 0104 60438960

BUSINESSOWNERS COVERAGE PART

DECLARATIONS AMENDED 11/14/2018

NAMED ANDREAS CIRCLE CONDOMINIUM INSURED ASSOCIATION INC AND C/O TOAD PROPERTY MANAGEMENT ADDRESS PO BOX 2776 CRESTED BUTTE CO 81224-2776	AGENCY & CODE 020535 MOUNTAIN WEST INSURANCE 100 E VICTORY WAY CRAIG CO 81625
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POLICY PERIOD: 12:01 A.M. Standard time FROM: 11-14-2018 TO: 11-14-2019
 And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. 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. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other ASSOCIATION

PREM/BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	PREMIUM
	SEWER BACKUP COVERAGE	50,000	520
01 012	ANDREAS CIR CRESTED BUTTE CO 81224-9504 NON-COMBUSTIBLE CONDOMINIUMS - OFFICE - ASSOCIATIONS RISK ONLY		
	BUILDING Special Causes of Loss Replacement Cost	953,300	553
	LIABILITY		286
	ORDINANCE & LAW COVERAGE 2-DEMOLITION COST	100,000	28
	ORDINANCE & LAW COVERAGE 3-INCR COST OF CONSTR	100,000	28
	EQUIPMENT BREAKDOWN		Incl

PROPERTY DEDUCTIBLE \$ 1,000
PERSONAL PROPERTY INFLATION GUARD %

ABBREVIATIONS: BLDG=BUILDING DED=DEDUCTIBLE PREM=PREMISES MC=MERIT CREDIT INCL = INCLUDED

LIABILITY AND MEDICAL EXPENSE LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	PRODUCTS-COMPLETED OPERATIONS AGGREGATE	PERSONAL AND ADVERTISING INJURY (Per Person Or Organization)	LIABILITY AND MEDICAL EXPENSES PER OCCURRENCE	DAMAGE TO PREMISES RENTED TO YOU	MEDICAL EXPENSE (Any One Person)
\$ 2,000,000	\$ 2,000,000	\$ 1,000,000	\$ 1,000,000	\$ 100,000	\$ 5,000

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

Other Forms SEE UW7002

AMEND REASON: AMEND TO ADD SEWER BACKUP & ORDINANCE & LAW

PREMIUM FOR THIS COVERAGE PART \$ 1,415
Endorsement Adjustment Premium \$ 576 ADDL

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X
 (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

