

UNITED FIRE & CASUALTY COMPANY
P.O. Box 73909
Cedar Rapids, IA 52407-3909
Phone: 800-877-5002

This is not a bill. You
will be billed separately
when premium is due.

UNITED FIRE & CASUALTY COMPANY

118 2nd Ave SE
Cedar Rapids, IA 52401

MERIDIAN LAKE PARK CORP

PO BOX 504
CRESTED BUTTE CO 81224-0504

ENCLOSED IS YOUR COMMERCIAL POLICY.
YOU WILL RECEIVE YOUR BILLING,
IF ANY, SEPARATELY.

UNI-PAK POLICY



COMMERCIAL LINES POLICY





UNITED FIRE & CASUALTY COMPANY

118 Second Avenue SE
P.O. Box 73909
Cedar Rapids, IA 52407-3909

A handwritten signature in cursive script that reads 'Paul A. Rambo'.

President

A handwritten signature in cursive script that reads 'Neil R. Johnson'.

Secretary

A STOCK INSURANCE COMPANY

POLICYHOLDER DISCLOSURE NOTICE MANDATORY AVAILABILITY OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, we as a participating insurance company must make available, in all of our insurance policies, coverage for losses arising out of acts of terrorism as defined by the Act. Please refer to the reverse side of this notice for more information on the Terrorism Risk Insurance Act, as amended, and a definition of covered acts of terrorism.

Under the Terrorism Risk Insurance Act, as amended, insurance companies are required to make terrorism coverage available on all policies issued or renewed.

Your policy excludes coverage for certified acts of terrorism.

Coverage for certified acts of terrorism is presently provided at no additional charge on Directors & Officers Liability. Lines of business not subject to the Terrorism Risk Insurance Act include: Commercial Auto, Commercial Crime and Professional Liability, except for Directors & Officers Liability.

You have the option to accept coverage for certified acts of terrorism for the renewal policy term that accompanies this notice. Simply check the box below indicating your desire to accept terrorism coverage, complete the requested information and mail the form to our office using the address shown on your policy declarations page.

SELECTION OF TERRORISM INSURANCE COVERAGE

Under federal law, you have **thirty (30) days** to consider this offer of coverage for terrorist acts and submit the premium required. If we do not receive a signed selection from you in 30 days, your policy will continue to exclude coverage for certified acts of terrorism, except for the above noted cases.

- **The premium charge for certified acts of terrorism, other than for Workers' Compensation, is \$ 46**
(This premium may change if coverage changes subsequent to the issuance of this notice.)
- **A signed selection of certified acts of terrorism below will apply to all coverages on your policy.**

Check Box <input type="checkbox"/>	I hereby <u>accept</u> the additional premium for coverage for loss from certified acts of terrorism. I also understand that, if my policy includes workers' compensation coverage, certified acts of terrorism cannot be excluded by law.
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Policyholder/Applicant's Signature

UNITED FIRE & CASUALTY COMPANY
Insurance Company

Print Name

60082095
Policy/Quote Number

Date

Agency Name (Quotes Only)

After you sign and date this form, you must return it to the address shown on your policy declarations page.



More information regarding the Terrorism Risk Insurance Act

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is shown on the declarations page for each line of business and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits the U.S. Government reimbursement as well as the insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

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

POLICY NUMBER: 60082095

ACCOUNT NUMBER:3000048072
DIRECT BILL -

ISSUE DATE 06-21-2018	VD REPLACEMENT OF 0104	60082095	POLICY SUMMARY
NAMED MERIDIAN LAKE PARK CORP INSURED AND ADDRESS PO BOX 504 CRESTED BUTTE CO 81224-0504		AGENCY & CODE 020292 HUB INTERNATIONAL INS SVCS 1125 17TH STREET STE 900 DENVER CO 80202	
POLICY PERIOD:		FROM: 08-15-2018	TO: 08-15-2019

The insurance afforded under any coverage part is only in the amounts and to the extent set forth in such coverage part, subject to all terms of the policy having reference thereto.

UNI-PAK POLICY

COVERAGE PARTS	PREMIUMS
COMMERCIAL GENERAL LIABILITY	\$ 2,319.00
OTHER LIABILITY	\$ 800.00
TOTAL ADVANCE PREMIUM	\$ 3,119.00

This Policy Summary supersedes and replaces any preceding summary bearing the same policy number for this policy period.

X _____
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)



UNITED FIRE & CASUALTY COMPANY

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60082095

ACCOUNT NUMBER: 3000048072

(2) COMMERCIAL GENERAL LIABILITY

DIRECT BILL -

COMMERCIAL GENERAL LIABILITY COVERAGE PART

ISSUE DATE	06-21-2018	VD	REPLACEMENT OF	0104	60082095	DECLARATIONS	RENEWAL	EXTENSION
NAMED MERIDIAN LAKE PARK CORP INSURED AND ADDRESS PO BOX 504 CRESTED BUTTE CO 81224-0504						AGENCY & CODE 020292 HUB INTERNATIONAL INS SVCS 1125 17TH STREET STE 900 DENVER CO 80202		
POLICY	12:01 A.M. Standard time	FROM:	08-15-2018	TO:	08-15-2019	And for successive policy periods as stated below.		
PERIOD:	at your mailing address shown above.							

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.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$	2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$	1,000,000
EACH OCCURRENCE LIMIT	\$	1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (Any one person)	\$	5,000

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)

BUSINESS DESCRIPTION HOMEOWNERS ASSOCIATION

FORM OF BUSINESS: ___ Individual ___ Joint Venture ___ Partnership X Corporation ___ Other ___

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
CO LOC# 01 MERIDIAN LAKE CRESTED BUTTE, CO 81224						
LAKES-EXISTENCE HAZARD ONLY NON-PROFIT INCL PR/CO EA LAKE	45524T)	1	INCL	295.872	INCL	296
TENNIS COURTS	46671T)	1	INCL	175.774	INCL	176
TOWNHOUSE ASSOCIATIONS (ASSOC RISK ONLY) INCL PR/CO						

CONTINUED ON CG7004

PREMIUM BASIS DEFINITIONS

a) Area per 1000 sq ft	c) Total Cost per \$1000	g) Gallons per 1000	m) Admissions per 1000	p) Payroll per \$1000	s) Gross Sales per \$1000	t) Defined Above	u) Units per unit
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Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
SEE UW7002			

Other Forms SEE UW7002

Amend Reason

PREMIUM FOR THIS COVERAGE PART \$ 2,319

Endorsement Adjustment Premium \$

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

X

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CG 70 01 02 05

INSURED COPY

06034750



POLICY NUMBER: 60082095

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
	68500U)	180				
		INCL		9.873	INCL	1777
CO LOC# 02 MERIDIAN LAKE CRESTED BUTTE, CO 81224						
VACANT LAND - FOR PROFIT INCL PR/CO EA ACRE	49451T)	11				
		INCL		6.391	INCL	70



POLICY NUMBER: 60082095

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

Schedule of Additional Insureds	Premium
TOWNHOUSE ASSOCIATIONS CG2017 -COLORADO	Incl



POLICY NUMBER:

60082095

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

Applicable to the state of Colorado

CG0001(04-13)	COMM GENERAL LIAB COVG FORM
CG2017(10-93)	ADDL INSURED-TOWNHOUSE ASSOC
CG2106(05-14)	EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL
CG2147(12-07)	EMPLOYMENT-RELATED PRACTICES EXCL
CG2150(04-13)	AMENDMENT OF LIQUOR LIAB EXCLUSION
CG2165-(12-04)	TOTAL POLLUTION EXCL W/BLDG HEATING COOLING
CG2167(12-04)	FUNGI/BACTERIA EXCL
CG2175(01-15)	EXCL OF CERTIFIED ACTS OF TERRORISM & EXCL OF
CG2196(03-05)	SILICA/SILICA-RELATED DUST EXCL
CG2250(04-13)	EXCL-FAILURE TO SUPPLY
CG2279(04-13)	EXCL-CONTRACTORS-PROFESSIONAL LIAB
*CG7001(02-05)	COMMERCIAL GENERAL LIABILITY COVERAGE PART
*CG7004(02-05)	COMM GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS
CG7079(02-99)	DISCRIMINATION EXCL
*CG7154(01-07)	COMM GENERAL LIAB SUPPLEMENTAL DECS-ADDL INSUREDS
CG7155(01-07)	ABUSE/MOLESTATION EXCL
CG7165(07-09)	BLANKET EXCL-DESIGNATED OPERATIONS (WRAP-UP)
IL0017(11-98)	COMMON POLICY CONDITIONS
IL0021(09-08)	NUCLEAR ENERGY LIAB EXCL END
IL0125(11-13)	CO-CHGS-CIVIL UNIONS
IL0228(09-07)	CO-CHGS CANCEL & NONRENEW
IL7009-(04-91)	AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7105(10-14)	PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO
*ST1644-(01-12)	POLICY WEBSITE STUFFER
*ST1657(07-09)	NOTICE-BLANKET EXCL DESIGNATED OPERATIONS(WRAP-UP)
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION



UNITED FIRE & CASUALTY COMPANY

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60082095

ACCOUNT NUMBER:3000048072 OTHER LIABILITY

DIRECT BILL -
ISSUE DATE 06-21-2018 VD REPLACEMENT OF 0104 60082095 DECLARATIONS RENEWAL EXTENSION

1. NAMED MERIDIAN LAKE PARK CORP
INSURED
AND
2. MAILING PO BOX 504
ADDRESS CRESTED BUTTE CO 81224-0504
AGENCY & CODE 020292
HUB INTERNATIONAL INS SVCS
1125 17TH STREET STE 900
DENVER CO 80202

3. POLICY PERIOD: 12:01 A.M. Standard time FROM: 08-15-2018 TO: 08-15-2019
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 expire, after appropriate notices are mailed to you. An insufficient funds check is not considered payment.

CLAIMS MADE POLICY. THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE REVIEW THE POLICY CAREFULLY.

4. LIMITS OF LIABILITY:
Each Claim See coverage form(s) below
Aggregate See coverage form(s) below

5. DEDUCTIBLE AMOUNT: See coverage form(s) below

DIRECTORS AND OFFICERS \$ 800
LIMITS OF LIABILITY
Each Claim \$ 1,000,000
Aggregate \$ 2,000,000
DEDUCTIBLE \$ 1,000

Number of Units: 104
RETROACTIVE EXCLUSION CLAUSE: IT IS AGREED THIS POLICY WILL NOT PAY ON BEHALF OF THE INSURED ANY SUMS FOR WHICH THE INSURED SHALL BECOME LEGALLY OBLIGATED TO PAY IN CONNECTION WITH ANY CLAIM OR SUIT BY REASON OF ANY NEGLIGENT ACT, ERROR OR OMISSION COMMITTED OR ALLEGED TO HAVE BEEN COMMITTED PRIOR TO 08-15-2001.

Certified Acts of Terrorism Coverage
Included at No Charge for Directors and Officers

Forms
SEE UW7002

AMEND REASON :

PREMIUM FOR THIS COVERAGE PART \$ 800 MP
Endorsement Adjustment Premium \$

This Declarations Page together with any forms specified hereon, supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X _____
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

EO 70 01 01 00

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12034810



POLICY NUMBER:

60082095

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Other Forms

Applicable to the state of Colorado

*EO7001(01-00)	E & O DECLARATIONS
EO7056(02-03)	DIRECTORS & OFFICERS LIAB POLICY
EO7059(04-05)	FUNGI OR BACTERIA EXCL
EO7062(01-15)	EXCL-WAR CERTIFIED ACTS OF TERRORISM & OTHER ACTS
EO7094(04-05)	EXCL-ELECTRONIC DATA FOR DIRECTORS & OFFICERS
EO7098(04-05)	AMENDATORY POLLUTION END-DIRECTORS & OFFICERS
*ST1644-(01-12)	POLICY WEBSITE STUFFER

