

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

01036730



UNITED FIRE & CASUALTY COMPANY

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

A handwritten signature in black ink, appearing to read 'Paul A. Rambo'.

President

A handwritten signature in black ink, appearing to read 'Neil R. Johnson'.

Secretary

A STOCK INSURANCE COMPANY

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

0104

POLICY NUMBER: 60082095

ACCOUNT NUMBER: 3000048072

DIRECT BILL -

| | | | |
|--|--|---|--|
| ISSUE DATE 07-02-2019 ACV 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: 08-15-2019 | | TO: 08-15-2020 | |

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 | \$ 2,467.00 |
| OTHER LIABILITY | \$ 800.00 |
| TOTAL ADVANCE PREMIUM | \$ 3,267.00 |

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

X _____
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

IL 70 18 12 92

INSURED COPY

03036750



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

POLICY NUMBER: 60082095

ACCOUNT NUMBER: 3000048072 (2) **COMMERCIAL GENERAL LIABILITY**
COMMERCIAL GENERAL LIABILITY COVERAGE PART

DIRECT BILL -

ISSUE DATE 07-02-2019 ACV 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:** 08-15-2019 **TO:** 08-15-2020
PERIOD: at your mailing address shown above. 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.

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)
 NONE

BUSINESS DESCRIPTION HOMEOWNERS ASSOCIATION
FORM OF BUSINESS: ___ Individual ___ Joint Venture ___ Partnership 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

| | | | |
|---|------------------------|-----------------------------|------------------------|
| Premium Charge Forms SEE UW7002 | Advance Premium | Premium Charge Forms | Advance Premium |
|---|------------------------|-----------------------------|------------------------|

Other Forms SEE UW7002

Amend Reason

PREMIUM FOR THIS COVERAGE PART \$ 2,467
Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CG 70 01 02 05

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