#### Coverage Is Provided In:

Ohio Security Insurance Company

Policy Number: BLS (20) 58 05 20 11 Policy Period: From 07/29/2019 To 07/29/2020 12:01 am Standard Time at Insured Mailing Location

## **Common Policy Declarations**

#### Named Insured & Mailing Address

#### Agent Mailing Address & Phone No.

HIDDEN RIVER RANCH ASSOCIATION PO BOX 2776 C / O TOAD PROPERTY MANAGEMENT CRESTED BUTTE, CO 81224 (970) 824-8185 MOUNTAIN WEST INSURANCE & FINANCIAL SERVICES, LLC 100 E VICTORY WAY CRAIG, CO 81625-1914

Named Insured Is: ASSOCIATION

Named Insured Business Is: HOMEOWNER ASSOCIATION

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	ē. 11
Commercial General Liability	\$650.00	
	Total Charges for all of the above coverage parts: Certified Acts of Terrorism Coverage: \$1.00	\$650.00 (Included)

Note: This is not a bill

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### **IMPORTANT MESSAGES**

05/30/

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

	Issue Date 05/30/19				Authorized Representative				
	To report a cla	im, call your Age	ent or 1-800-366-	6AA6	en remande a comme dans Received a service of the				
	DS 70 21 11 1	6							
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**Coverage Is Provided In:** Ohio Security Insurance Company

Policy Number: BLS (20) 58 05 20 11 Policy Period: From 07/29/2019 To 07/29/2020 12:01 am Standard Time at Insured Mailing Location

### **Common Policy Declarations**

#### **Named Insured**

Agent

HIDDEN RIVER RANCH ASSOCIATION PO BOX 2776 C / O TOAD PROPERTY MANAGEMENT CRESTED BUTTE, CO 81224 (970) 824-8185 MOUNTAIN WEST INSURANCE & FINANCIAL SERVICES, LLC 100 E VICTORY WAY CRAIG, CO 81625-1914

### POLICY FORMS AND ENDORSEMENTS

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

FORM NUMBER	TITLE
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 03 00 01 96	Deductible Liability Insurance
CG 20 17 10 93	Additional Insured -Townhouse Association
CG 21 06 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And
	Data-Related Liability - With Limited Bodily Injury Exception
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 70 01 15	Cap on Losses from Certified Acts of Terrorism
CG 21 76 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CG 24 26 04 13	Amendment of Insured Contract Definition
CG 84 99 08 09	Non-Cumulation Liability Limits Same Occurrence
CG 88 10 04 13	Commercial General Liability Extension
CG 88 76 12 08	Exclusion - Earth Movement - Products/Completed Operations Hazard
CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 88 86 12 08	Exclusion - Asbestos Liability
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 01 25 11 13	Colorado Changes - Civil Union
IL 02 28 09 07	Colorado Changes - Cancellation and Nonrenewal

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

Mark Touhey Secretary

*To report a claim, call your Agent or 1-800-362-0000* DS 70 21 11 16 APCC

Paul Condrin President