



LIFE · HOME · CAR · BUSINESS

**TAILORED PROTECTION POLICY APPLICATION
COLORADO**

Date sent: **01/10/2025**
 Transaction number: **09101**
 Policy number: **74777105**
 AO customer number: **55777105000**
 Billing Account Number: **103018114**
 Proposal ID: **PristinePointHomeowT
PP-5467507**

POLICY INFORMATION

Date: 01/10/2025	<input type="checkbox"/> Proposal <input checked="" type="checkbox"/> Issue <input type="checkbox"/> Bound <input type="checkbox"/> Rewrite of:		
Agency Code: 32-0058-00	Policy Effective Date: 01/12/2025	Policy Term: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 3-Year (fidelity only)	
Agency/Address: TRUENORTH COMPANIES LC BRIGGS, STACEY C PO BOX 1863 CEDAR RAPIDS, IA 52406-1863 Phone: (303) 740-8101 sbriggs@truenorthcompanies.com			
Producer Code:			
Company: <input type="checkbox"/> 01 - Auto-Owners <input type="checkbox"/> 03 - Home-Owners <input checked="" type="checkbox"/> 04 - Owners <input type="checkbox"/> 05 - Property-Owners <input type="checkbox"/> 08 - Southern-Owners			

Billing Information

ADD TO CURRENT BILLING ACCOUNT:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, billing account number:
Billing Options:	Deposit Amount \$ 509.00	
<input type="checkbox"/> Agency Bill <input checked="" type="checkbox"/> Full Pay <input type="checkbox"/> Monthly	Automatic Payments?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Escrow Pay <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly	Mail Insured Copy of Policy to Agency?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alternate Billing Name and Address:		

APPLICATION INCLUDES THE FOLLOWING COVERAGE PARTS

Property General Liability Crime Inland Marine Other (please describe):

APPLICANT INFORMATION

Applicant: Pristine Point Homeowners Association	Mailing Address: PO BOX 504 CRESTED BUTTE, CO 81224-0504	
Entity: Association	Email:	Phone Number:
FEIN:	Website:	
Description of Business Operations: HOA Association		
Year business started: 01/12/2002 (New Venture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide description of owner's experience.)		
Exclude Terrorism Coverage: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SURVEY CONTACT	AUDIT CONTACT
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Name: Alexander Summerfelt	Name: Alexander Summerfelt
Address: PO BOX 504 CRESTED BUTTE, CO 812240504	Address: 115 PRISTINE POINT DR CRESTED BUTTE, CO 812245573
Email:	Email:
Phone: (970) 209-4995	Phone: (970) 209-4995
Fax:	Fax:
	Accounting Firm:

PREMISES INFORMATION					
Loc	Bldg	Program	Location Address	Class Description	Within City Limits
1		36 - Service	115 PRISTINE POINT DR CRESTED BUTTE, CO 81224-5573		Y

LOCATION INFORMATION

Location Number: 1

Is the applicant the Building Owner at this location? Yes No

Is any space leased at this location? Yes No

PREMIUM MODIFICATION

Cumulative Multi-Policy Discount (Provide policy numbers of other Auto-Owners policies, including Life & Disability.)

Policy Type	Policy Number	Discount	Policy Type	Policy Number	Discount
_____	_____	_____%	_____	_____	_____%

Cumulative Multi-Policy Discount: _____

Special Rating Plan: 0 % Group Name and Number: _____

Explain how Group membership was verified: _____

Experience Rating Plan _____ %
_____ %

Rated Policy Tier Confirmation: 258575831 Commercial Property Tier: _____ Commercial General Liability Tier: 362

Individual Risk Premium Modification Factor	Approved by:	Coverage Part	Credit/Debit	Coverage Part	Credit/Debit
_____	_____	_____	_____	_____	_____

Merit Rating Plan _____

Year Business Started: _____ Prior Losses: _____

_____ Prior Carrier Premium _____

_____ Merit Rating: _____

PRIOR CARRIER INFORMATION

Policy Term	Prior Carrier	Annual Premium	Coverage Parts
01/12/2023 - 01/12/2025	Amer Family Ins Co	\$525.00	Commercial General Liability

Prior carriers annual total expiring premium (includes: Property, General Liability, Inland Marine and Crime): \$525.00

Has there been continuous coverage for the past three years? Yes No

Prior Carrier Comments: _____

LOSS HISTORY

CHECK HERE IF NONE: LOSS HISTORY ATTACHED: Will verifiable loss information be submitted? Yes No

ENTER ALL CLAIMS (REGARDLESS OF FAULT) FOR THE PRIOR 3 YEARS						
Date of Loss	Line	Description of Occurrence/Claim	Weather Related Y / N	Amount Paid	Amount Reserved	Open/ Closed
		No Losses				

What action has the applicant taken to prevent the type of losses listed above from recurring?

Premium based on rates effective: **06/26/2024**

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES	Y	N	EXPLAIN ALL "YES" RESPONSES	Y	N
1. Is the applicant involved in, or does the applicant have ownership in any other business operations, or have locations not indicated on the application?		X	5. During the last ten years, has the applicant been convicted of any degree of the crime of arson?		X
2. Was the applicant previously insured with a nonstandard carrier?		X	6. Has the applicant filed bankruptcy within the last ten years?		X
3. Any past losses or claims relating to negligent hiring?			7. Any policy coverage declined, cancelled or non-renewed during the prior 3 years? Nonpayment? <input type="checkbox"/> Underwriting Reasons? <input type="checkbox"/>		X
4. Any past losses or claims relating to sexual abuse or molestation allegations or discrimination?		X	8. Does the owner have coverage written with Auto-Owners, Home-Owners, Owners, Property-Owners or Southern-Owners Insurance Company for a related business with this being only a new location of the same type of operation?		

REMARKS

REMARKS/EXPLANATIONS

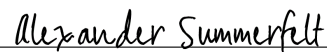
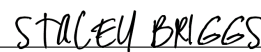
Proposal started: 01/08/2025

Final Sale Information

Mail policyholder's copy of Declarations for New Business to: Policyholder

Mail policyholder's copy of Declarations for Renewals to: Policyholder

APPLICANT'S STATEMENT: I declare the facts stated in this application to be true and request the Company to issue this insurance and any renewals thereof in reliance thereon. It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Applicant's Signature and Date:  1/10/2025 <small>46C214B0E60B440...</small>	Agent's Signature and Date:  1/14/2025 <small>9B8D2E20CFBF452...</small>
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PROXY DESIGNATION (AUTO-OWNERS INSURANCE CO. ONLY) I designate J.P. Whisnant, A.O. Dean, and A.L. Lindemeyer, and each of them, my attorneys and proxies, with power of substitution and revocation to each, to vote as my proxy at all meetings of the Company, and at any and all adjournments thereof. The powers hereunder shall be exercised by a majority of said attorneys and proxies so present, but if only one is so present, then that one shall have full power to act.

Applicant's Signature and Date:	Proxy Signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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POLICY INFORMATION		
	Y	N
How many years of ownership or management experience in a similar business operation?		
Age of Oldest Building?		
Have the roof, electrical, plumbing and heating systems been updated by a licensed contractor?		
Is any building vacant?		X
Is there commercial cooking (a deep fat fryer or grill) in use?		

COMMERCIAL GENERAL LIABILITY SECTION

SINGLE LIMITS		SPLIT LIMITS		BI	PD
General Aggregate	\$2,000,000	General Aggregate			
Products/Completed Operations Aggregate	\$2,000,000	Products/Completed Operations Aggregate			
Personal and Advertising Injury	\$1,000,000	Personal and Advertising Injury			
Each Occurrence	\$1,000,000	Each Occurrence			
Damage to Premises Rented to You (Any One Premises)	\$300,000	Damage to Premises Rented to You (Any One Premises)			
Medical Payments (Any One Person)	\$10,000	Medical Payments (Any One Person)			
CGL Plus: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

CLASSIFICATIONS						
Location	Class Code and Description	Territory	"A" Rate Deviated?	Premium Basis	Prem/Ops Base Rate	Products/CO Base Rate
1	41670 Homeowners and/or Mobile Homeowners Associations - No Building or Premises Owned or Leased Except for Office Purposes - Not for Profit - NOC	2		13 Member(s)	2.290	0.300
1	00811 Association Directors and Officers Errors and Omissions			13 Member(s) or Unit(s)		

DEVIATION

OPTIONAL COVERAGES, ENDORSEMENTS AND RATING INFORMATION

ADDITIONAL INSURED/CERTIFICATE RECIPIENT	
Form name and number:	
Name	
Event Description	
Location of Premises	
Part leased to you	
Your Product	
Premium Charge for Each	
Approved by	

GENERAL INFORMATION					
EXPLAIN ALL "YES" RESPONSES FOR ALL PAST, PRESENT OR DISCONTINUED OPERATIONS	Y	N	EXPLAIN ALL "YES" RESPONSES FOR ALL PAST, PRESENT OR DISCONTINUED OPERATIONS	Y	N
1. Any operations involving storing, treating, discharging, applying, disposing or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)?			6. Have any crimes occurred or been attempted on your premises within the last three years?		X
2. Any operations sold, acquired or discontinued in the last five years?			7. Does the applicant manufacture, install, service or demonstrate any products?		X
3. Any leasing of employees to or from other employers?		X	8. Is the applicant involved to any extent in hydraulic fracturing?		
4. Are day care facilities provided?			9. Does the applicant own or operate any tanning beds or booths?		
5. Any Special Events sponsored?		X			

COMMENTS/EXPLANATIONS

Total Commercial General Liability Premium \$526.00

**MISCELLANEOUS GENERAL LIABILITY SUPPLEMENT
COLORADO**

ASSOCIATION DIRECTORS AND OFFICERS ERRORS AND OMISSIONS		
Questions	Y	N
Are the majority of the directors and officers resident or business owners?	X	
Do any of the directors and officers also have an interest in the association as a builder, contractor, developer, real estate agent or a representative having a financial interest in the project?		X
Is any residential condominium comprised of commercial operations with more than 15% of the total floor area?		
Number of Members/Units: 13		
Limits of Liability	Occurrence: \$1,000,000	Aggregate: \$1,000,000
HIRED AUTO AND NON-OWNED AUTO		
Questions	Y	N
Is there any delivery exposure?		
Does the applicant have a policy covering other commercial automobile exposures?		
Limits of Liability	Occurrence: \$1,000,000	

Total Commercial General Liability Premium **\$526.00**

Auto-Owners **INSURANCE**

Tailored Protection Policy Receipt

LIFE • HOME • CAR • BUSINESS

Date: **01/10/2025**

Agency Code: **32-0058-00**

CLIENT:

AGENCY:

**Pristine Point Homeowners Association
PO BOX 504
CRESTED BUTTE, CO 81224-0504**

**TRUENORTH COMPANIES LC
PO BOX 1863
CEDAR RAPIDS, IA 52406-1863
(303) 740-8101
sbriggs@truenorthcompanies.com**

Policy Number: **74777105**

Transaction Number: **09101**

Billing Account Number: **103018114**

Submission Date: **01/10/2025**

Policy Term: **01/12/2025 to 01/12/2026**

Company Bill Option: **Full Pay**

Total Premium: **\$509.00**

Deposit Amount: **\$509.00**

Payment Method: **Check Number 01**

Premium is subject to change based on Underwriting Review

Agent's Signature: Signed by:
STACEY BRIGGS
9B8D2E20CFBF452...