## **COMMON POLICY DECLARATIONS**



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COMPANY NAME:	Landmark Ameri	can Insurance Co	mpany				
BRANCH ADDRESS:	BRANCH ADDRESS: 945 East Paces Ferry Road, Suite 1800, Atlanta, GA 30326-1160						
POLICY NO.: LHD93		_ RENEWAL OF: _L	_HD428606				
NAMED INSURED AND The Timbers Owners A c/o Toad Property Mana P O Box 2776 Crested Butte, CO 8122	ssociation, Inc. agement THIS 'NON 24 ADM NO F	S CONTRACT IS I NADMITTED INSU IITTED IN COLOF	PRODUCER: DELIVERED AS SURPI DRANCE ACT'. THE INS RADO BUT IS AN ELIG IDER THE PROVISION ATION ACT.	SURER ISSU IBLE NONAL	JING THIS CONTRADMITTED INSUREF	ACT IS NOT R. THERE IS	
	Joel	D. Cavaness					
POLICY PERIOD: From	n <u>5/25/2023</u>	To5/25/20	024 12:01 A.M. Stan	idard Time at y	our Mailing Address a	above.	
IN RETURN FOR THE AGREE WITH YOU TO THIS POLICY CONSIS	PROVIDE THE IN	<b>NSURANCE AS S</b>	TATED IN THIS POLIC	CY.			
THIS PREMIUM MAY I		ADJUSTMENT.	_				
	ERAGE PARTS		P	PREMIUM		сомм.	
Commercial Property	R	SG 40001 0719		\$ \$ \$	61,800.00	DO NOT WRITE IN	
		STA	TE ASSESSMENTS &	FEES		THIS AREA	
	Premium : \$61,8 Broker Fee - RP			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
		s Tax : \$1,873.50	1	\$ \$ TOTAL \$	61,800.00		
FORMS APPLICABLE	TO ALL COVERA	AGE PARTS:					
BUSINESS DESCRIPT THESE DECLARATION COVERAGE FORMS(S CONTRACT OF INSUR	ION: Condominiu IS TOGETHER W B) AND ENDORS	ım Association	ON POLICY CONDITIO				
Countersigned:	July 07, 2023 Date	By:	Authorized	Representative			

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• Dial toll\_free #1 (1)

Contact Insurer directly (see policy section)

Policy Number: LHD933004

Insurer: Landmark American Insurance Company

Named Insured: The Timbers Owners Association, Inc.

## **NOTICE - REJECTION OF TERRORISM COVERAGE**

Coverage has been "rejected" by the Insured for all acts of terrorism including but not limited to "certified acts of terrorism" under the federal Terrorism Risk Insurance Act.