



Policyholder Information

Named Insured & Mailing Address

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC
C/O TOAD PROPERTY MANAGMENT
PO BOX 2776 CRESTED BUTTE
CRESTED BUTTE, CO 81224

Agent Mailing Address & Phone No.

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC
6300 S SYRACUSE WAY STE 700
CENTENNIAL, CO 80111-7305

Dear Policyholder:

We know you work hard to build your business. We work together with your agent, ARTHUR J GALLAGHER RISK (800) 962-7132 to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

- Commercial Package

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (800) 962-7132



Reminders

- Verify that all information is correct
If you have any changes, please contact your Agent at (800) 962-7132
In case of a claim, call your Agent or 1-800-362-0000

THIS IS NOT A BILL

You Need To Know

- CONTINUED ON NEXT PAGE

To report a claim, call your Agent or 1-800-362-0000



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You Need To Know - continued

- **NOTICE(S) TO POLICYHOLDER(S)**

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

FORM NUMBER	TITLE
CNI90 11 07 18	Reporting A Commercial Claim 24 Hours A Day
NP 72 42 01 15	Terrorism Insurance Premium Disclosure And Opportunity To Reject
NP 74 06 01 06	Flood Insurance Notice
NP 74 44 09 06	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
NP 74 50 01 07	Important Audit Information
NP 89 69 11 10	Important Policyholder Information Concerning Billing Practices
NP 98 20 01 15	Jurisdictional Boiler And Pressure Vessel Inspections

- This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.

REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

We're Just a Call Away - One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at **800-362-0000** for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

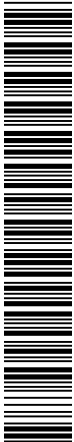
Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms - part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at www.libertymutualgroup.com/toolkit.

For all claims inquiries please call us at **800-362-0000**.



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CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC
PO BOX 2776 CRESTED BUTTE
CRESTED BUTTE, CO 81224

BKO (20) 59 47 96 20
From 01/22/2019 To 01/22/2020

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC
6300 S SYRACUSE WAY STE 700
CENTENNIAL, CO 80111-7305

**TERRORISM INSURANCE PREMIUM DISCLOSURE
AND OPPORTUNITY TO REJECT**

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from certified acts of terrorism exceed a specified deductible amount, the government will reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

The Federal Share and Program Trigger by calendar year are:

Calendar Year	Federal Share	Program Trigger
2015	85%	\$100,000,000
2016	84%	\$120,000,000
2017	83%	\$140,000,000
2018	82%	\$160,000,000
2019	81%	\$180,000,000
2020	80%	\$200,000,000

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

[A]ny act 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.

- (i) to be an act of terrorism;

- (ii) to be a violent act or an act that is dangerous to -
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of -
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) 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.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO THE ADDRESS BELOW: **Please ensure any rejection is received within thirty (30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's	Signature	Print Name	Date Signed
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Named Insured	Policy Number
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC	BKO (20) 59 47 96 20

Policy Effective/Expiration Date
From 01/22/2019 To 01/22/2020

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO:

Attn: Commercial Lines Division - Terrorism
PO Box 66400
London, KY 40742-6400

Note: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.

FLOOD INSURANCE NOTICE

Unless a Flood Coverage endorsement is attached, your policy does not provide flood coverage and you will **not** have coverage for property damage from floods unless you purchase a separate policy for flood insurance through the Federal Emergency Management Agency (FEMA) National Flood Insurance Program.

If you would like more information about obtaining coverage under the National Flood Insurance Program, please contact your agent.



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**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

Please refer any questions you may have to your insurance agent.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Important Notice Notice to Policyholders

This explanation is not a part of your insurance policy, and it does not alter any of its provisions or conditions.

Please refer any questions you may have to your insurance agent.

We would like to thank you for being a policyholder. We appreciate your business.

If your policy contains a condition stating it is subject to a premium audit we would like to take this opportunity to explain how the audit process works and answer the most common questions we receive from our policyholders. The information in this notice will make it easier for you to prepare for your audit.

Insurance Premium Audit Facts

Audits can benefit our policyholders by allowing us to collect the appropriate amount of premium for each policy.

Most commercial policies are written based on estimated or fluctuating exposure bases. At the end of the policy term an audit will determine the actual exposure bases and the premium will be adjusted accordingly. A company representative will conduct the audit.

The premium auditor will examine and audit records that relate to your policy. The records necessary to complete the audit will vary, based on the coverages you have. Types of records that may be requested for your audit include, but are not limited to:

- Payroll Records, including 941 forms
- Sales Journals or income statements
- General Ledger
- Cash Disbursements Journal
- Subcontractor Certificates

Keeping accurate and complete records will allow the auditor to properly classify and allocate your exposures correctly. Often there are allowable credits available according to insurance manual classification and rating rules. The premium auditor will be able to give you the credits, to which you are entitled, if your records provide the necessary details. Providing the records your auditor needs can save you time and money as well as expedite the audit process.

How Audits are Conducted

Audits are handled in different ways, depending on the types of coverages you may have. We conduct audits in the following ways:

Physical Audit - An auditor will contact you and set up a convenient time to personally come to your business and review your records.

Phone Audit - Forms will be mailed to you, explaining what is necessary to complete a phone audit. The phone auditor will contact you or your bookkeeper for this information.

Voluntary Audit - Forms will be mailed to you for completion. We will provide you with contact information if you need assistance in completing the forms.



Completing the audit

Many states have enacted legislation that governs the time in which an audit must be completed, billed and paid. This applies to audits for cancelled policies as well as regular audits. In order to comply with state regulations, it is important to make your records available for audit when our representative contacts you. We will make every effort to complete the audit within a reasonable time after the close of the policy period stated in your policy.

Frequently Asked Questions

Q: What if I use subcontractors?

A: Subcontractors are factored in to the audit process. Subcontractors who do not have insurance are treated as though they are your employees at the time of the audit. If your subcontractor furnishes you with a certificate of liability or workers' compensation insurance, your insurance cost for that subcontractor could be less. See your policy for details on limits of insurance required for certificates.

Q: I have no employees and work alone. Does the insurance company still need to complete an audit?

A: Yes. The auditor will need to verify you worked alone by examining business records that may include tax filings, disbursements, and check stubs.

Q: Do I need an audit if I have cancelled my policy or am no longer insured with you?

A: An audit may still be necessary even if you no longer have an active policy with us. The audit would cover the time period for which you were insured by us. Other factors that may determine if an audit is necessary include the time the policy was in effect and the amount of premium involved.

Q: If I use leased employees but the leasing company carries the liability, are the leased employees excluded from my General Liability policy?

A: No. The manual rules stipulate that all leased employees are covered on the insured's policy.

Q: Is it necessary to keep records on any casual labor I use?

A: Yes. Casual labor payroll is examined during the audit.

Q: What happens if I do not comply with the audit and fail to provide all necessary records and verification?

A: It's important to provide the necessary information in order to complete the audit. If you fail to do so, your policy may be cancelled or nonrenewed. You may also receive an estimated audit statement based on increased policy exposure estimates due to non-compliance of audit.

If you would like additional information about the policy audit process, your independent agent can assist you. The Premium Audit Department is also available to answer any questions you may have regarding this process.

Please contact us at 1-888-224-9246 or via E-mail at PremiumAuditServices@libertymutual.com

IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING PRACTICES

Dear Valued Policyholder: This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

Premium Notice: We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

Available Premium Payment Plans:

- **Annual Payment Plan:** When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.
- **Installment Payment Plan:** When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments - Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

Installment Payment Plan Fee: If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

Dishonored Payment Fee: Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your Premium Notice for the actual fee that applies.

Late Payment Fee: If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.

Special Note: Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

EFT-Automatic Withdrawals Payment Option: When you select this option, you will not be sent Premium Notices and, in most cases, will not be charged installment fees. For more information on our EFT-Automatic Withdrawals payment option, refer to the attached policyholder plan notice and enrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

Thank you for selecting us to service your insurance needs.



JURISDICTIONAL BOILER AND PRESSURE VESSEL INSPECTIONS

Most jurisdictions (cities or states) are governed by laws and regulations that require owners of boilers and pressure vessels to have their equipment inspected on a routine basis. Jurisdictions require that equipment is installed and operated according to these regulations, and it is the equipment breakdown engineering inspector's responsibility to verify the equipment complies with all requirements.

Liberty Mutual Equipment Breakdown is a National Board Accredited Authorized Inspection Agency. This designation is recognized by authorities having jurisdictions in the U.S. & provinces of Canada and gives Liberty Mutual commissioned inspectors the ability to perform jurisdictionally required inspection on boilers and pressure vessels at insured locations. We have field inspectors strategically located throughout the U.S. to perform boiler and pressure vessel inspection for our customers and clients.

To request a Jurisdictional Inspection please:

- **Call the LMEB Hotline (877) 526-0020**

Or

- **Email your request to LMEBInspections@Libertymutual.com**

The assigned EB Risk Engineer will call to schedule within 24 - 48 hours. When requesting an inspection please include the following:

- Current Policy Number
- Location Address
- Contact Name
- Contact Phone Number and/or Email Address



Common Policy Declarations

Named Insured & Mailing Address

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC
C/O TOAD PROPERTY MANAGMENT
PO BOX 2776 CRESTED BUTTE
CRESTED BUTTE, CO 81224

Agent Mailing Address & Phone No.

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC
6300 S SYRACUSE WAY STE 700
CENTENNIAL, CO 80111-7305

Named Insured Is: CORPORATION

Named Insured Business Is: CONDO HOA

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
Commercial Property	\$37,116.00
Commercial General Liability	\$1,247.00
Employment Practices Liability	\$350.00

*Total Charges for all of the above coverage parts: \$38,713.00
Certified Acts of Terrorism Coverage: \$839.00 (Included)*

Note: This is not a bill

IMPORTANT MESSAGES

- 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

Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

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Common Policy Declarations

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC
C/O TOAD PROPERTY MANAGMENT
PO BOX 2776 CRESTED BUTTE
CRESTED BUTTE, CO 81224

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC
6300 S SYRACUSE WAY STE 700
CENTENNIAL, CO 80111-7305

SUMMARY OF LOCATIONS

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

- 0001 11 Crested Mountain Rd Bldg L, Crested Butte, CO 81225
- 0002 11 Crested Mountain Rd Bldg J, Crested Butte, CO 81225
- 0003 11 Crested Mountain Rd Bldg K, Crested Butte, CO 81225

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
AM 88 00 12 08	Application On File With Company
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 20 04 11 85	Add. Insured-Condominium Unit Owners
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

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

Mark Touhey
Secretary

Paul Condrin
President

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



Common Policy Declarations

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC
C/O TOAD PROPERTY MANAGMENT
PO BOX 2776 CRESTED BUTTE
CRESTED BUTTE, CO 81224

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC
6300 S SYRACUSE WAY STE 700
CENTENNIAL, CO 80111-7305

POLICY FORMS AND ENDORSEMENTS - CONTINUED

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

FORM NUMBER

TITLE

CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 88 86 12 08	Exclusion - Asbestos Liability
CP 00 17 10 12	Condominium Association Coverage Form
CP 00 30 10 12	Business Income (And Extra Expense) Coverage Form
CP 00 90 07 88	Commercial Property Conditions
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 10 30 10 12	Causes of Loss - Special Form
CP 10 34 10 12	Exclusion of Loss Due To By-Products of Production or Processing Operations (Rental Properties)
CP 88 04 03 10	Removal Permit
CP 88 15 05 17	Property Extension Optimum
CP 88 44 02 15	Equipment Breakdown Coverage Endorsement
CP 90 55 12 12	Business Income And Extra Expense Changes - Actual Loss Sustained In A Twelve-Month Period
CP 90 59 12 12	Identity Theft Administrative Services and Expense Coverage
CP 92 01 05 17	Property Anti-Stacking Endorsement
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 01 69 09 07	Colorado Changes - Concealment, Misrepresentation or Fraud
IL 02 28 09 07	Colorado Changes - Cancellation and Nonrenewal
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
IL 09 52 01 15	Cap On Losses From Certified Acts Of Terrorism
IL 88 36 01 15	Cap On Losses From Certified Acts Of Terrorism

To report a claim, call your Agent or 1-800-362-0000

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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO(20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured	Agent
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC C/O TOAD PROPERTY MANAGMENT PO BOX 2776 CRESTED BUTTE CRESTED BUTTE, CO 81224	(800) 962-7132 ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC 6300 S SYRACUSE WAY STE 700 CENTENNIAL, CO 80111-7305

POLICY FORMS AND ENDORSEMENTS - CONTINUED

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

FORM NUMBER	TITLE
IL 88 38 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
PR 88 00 12 08	Employment Practices Liability Coverage Form
PR 88 01 12 08	War Liability Exclusion
PR 88 28 06 15	Colorado Changes

To report a claim, call your Agent or 1-800-362-0000

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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC

SUMMARY OF CHARGES

**Explanation of
Charges**

DESCRIPTION

PREMIUM

Property Schedule Totals \$36,282.00

Certified Acts of Terrorism Coverage \$834.00

Total Advance Charges: \$37,116.00
Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
 The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
 Policy Period:
From 01/22/2019 To 01/22/2020
 12:01 am Standard Time
 at Insured Mailing Location

**Commercial Property
 Declarations Schedule**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
 CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
 ARTHUR J GALLAGHER RISK
 MANAGEMENT SERVICES INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 11 Crested Mountain Rd Bldg L, Crested Butte, CO81225

**Property
 Characteristics**

Description:

Construction: Frame

Occupancy: Condominiums-Residential - (Association Risk Only) -
 Without Mercantile Occupancies - 10 to 30 Units

**Business Income
 and Extra Expense
 Coverage**

Description

Limit of Insurance - Including Rental Value

See Endorsement

Actual Loss Sustained 12 Months

Covered Causes of Loss

Special Form - Including Theft

Premium

\$355.00

**Equipment
 Breakdown
 Coverage**

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium

\$643.00

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
 The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
 Policy Period:
From 01/22/2019 To 01/22/2020
 12:01 am Standard Time
 at Insured Mailing Location

**Commercial Property
 Declarations Schedule**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
 CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
 ARTHUR J GALLAGHER RISK
 MANAGEMENT SERVICES INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 11 Crested Mountain Rd Bldg L, Crested Butte, CO 81225

**Equipment
 Breakdown
 Coverage**

This Equipment Breakdown insurance applies to the coverages included within the Blanket Limit. The Equipment Breakdown limit of insurance and deductible are Included in and not in addition to, the Blanket limit and deductible.

Premium Included

0002 11 Crested Mountain Rd Bldg J, Crested Butte, CO 81225

**Property
 Characteristics**

Description:

Construction: Frame

Occupancy: Condominiums-Residential - (Association Risk Only) -
 Without Mercantile Occupancies - 10 to 30 Units

**Business Income
 and Extra Expense
 Coverage**

Description

Limit of Insurance - Including Rental Value

See Endorsement

Actual Loss Sustained 12 Months

Covered Causes of Loss

Special Form - Including Theft

Premium \$358.00

**Equipment
 Breakdown
 Coverage**

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
 The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
 Policy Period:
From 01/22/2019 To 01/22/2020
 12:01 am Standard Time
 at Insured Mailing Location

**Commercial Property
 Declarations Schedule**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
 CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
 ARTHUR J GALLAGHER RISK
 MANAGEMENT SERVICES INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium **\$362.00**

Equipment Breakdown Coverage

This Equipment Breakdown insurance applies to the coverages included within the Blanket Limit. The Equipment Breakdown limit of insurance and deductible are included in and not in addition to, the Blanket limit and deductible.

Premium **Included**

0003 11 Crested Mountain Rd Bldg K, Crested Butte, CO 81225

Property Characteristics

Description:

Construction: Frame

Occupancy: Condominiums-Residential - (Association Risk Only) -
 Without Mercantile Occupancies - 10 to 30 Units

Business Income and Extra Expense Coverage

Description

Limit of Insurance - Including Rental Value **See Endorsement**

Actual Loss Sustained 12 Months

Covered Causes of Loss

Special Form - Including Theft

Premium **\$358.00**

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations Schedule**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Continuation of 11 Crested Mountain Rd Bldg K, Crested Butte, CO 81225

**Equipment
Breakdown
Coverage**

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium **\$212.00**

**Equipment
Breakdown
Coverage**

This Equipment Breakdown insurance applies to the coverages included within the Blanket Limit. The Equipment Breakdown limit of insurance and deductible are Included in and not in addition to, the Blanket limit and deductible.

Premium **Included**

BLANKET COVERAGE 1

**Blanket Building
Coverage**

DESCRIPTION

Limit of Insurance	\$13,111,111
Coinsurance	90%
Covered Causes of Loss	
Special Form - Including Theft	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$5,000

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations Schedule**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

BLANKET COVERAGE 1 - continued

11 Crested Mountain Rd Bldg L, Crested Butte, CO 81225

Construction: Frame
Occupancy: Condominiums-Residential - (Association Risk Only) -
Without Mercantile Occupancies - 10 to 30 Units
Special Form - Including Theft
Coverage: Building
Optional Coverage: Replacement Cost - Building
Inflation Guard - Annual Increase 2%

11 Crested Mountain Rd Bldg J, Crested Butte, CO 81225

Construction: Frame
Occupancy: Condominiums-Residential - (Association Risk Only) -
Without Mercantile Occupancies - 10 to 30 Units
Special Form - Including Theft
Coverage: Building
Optional Coverage: Replacement Cost - Building
Inflation Guard - Annual Increase 2%

11 Crested Mountain Rd Bldg K, Crested Butte, CO 81225

Construction: Frame
Occupancy: Condominiums-Residential - (Association Risk Only) -
Without Mercantile Occupancies - 10 to 30 Units
Special Form - Including Theft
Coverage: Building
Optional Coverage: Replacement Cost - Building
Inflation Guard - Annual Increase 2%

Premium \$31,465.00

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations Schedule**

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC

SUMMARY OF OTHER PROPERTY COVERAGES

Identity Theft Administrative Services And Expense Coverage	Description		
	Limit of Insurance	See Endorsement CP9059	
		<i>Premium</i>	\$12.00
Property Extension Endorsement	Description		
	Property Extension Optimum	\$2,517.00	
		<i>Premium</i>	\$2,517.00
Commercial Property Schedule Total:			\$36,282.00

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability
Declarations
Basis: Occurrence

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	300,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	1,242.00
	Certified Acts of Terrorism Coverage	5.00

Total Advance Charges: \$1,247.00
Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial General Liability
Declarations Schedule**

Named Insured	Agent
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC	(800) 962-7132 ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0002 11 Crested Mountain Rd Bldg J, Crested Butte, CO81225

Insured: CRESTED MOUNTAIN NORTH

CLASSIFICATION - 62003
Condominiums - Residential - (Association Risk Only)
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	6 Number of Units	69.015	\$414.00
<i>Total:</i>			<i>Included</i>

0001 11 Crested Mountain Rd Bldg L, Crested Butte, CO81225

Insured: CRESTED MOUNTAIN NORTH

CLASSIFICATION - 62003
Condominiums - Residential - (Association Risk Only)
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	9 Number of Units	69.015	\$621.00
<i>Total:</i>			<i>Included</i>

To report a claim, call your Agent or 1-800-362-0000

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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Commercial General Liability
Declarations Schedule**

Named Insured	Agent
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC	(800) 962-7132 ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC

SUMMARY OF CLASSIFICATIONS - BY LOCATION - continued

0003 11 Crested Mountain Rd Bldg K, Crested Butte, CO 81225

Insured: CRESTED MOUNTAIN NORTH

CLASSIFICATION - 62003

Condominiums - Residential - (Association Risk Only)
Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	3 Number of Units	69.015	\$207.00
<i>Total:</i>			<i>Included</i>

Commercial General Liability Schedule Total **\$1,242.00**

To report a claim, call your Agent or 1-800-362-0000

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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Employment Practices Liability
Declarations**

Basis: Claims Made and Reported Coverage

THIS INSURANCE PROVIDES CLAIMS MADE COVERAGE. ANY DEFENSE EXPENSES PAID UNDER THIS COVERAGE PART WILL REDUCE THE AVAILABLE LIMITS OF INSURANCE AND MAY EXHAUST THEM COMPLETELY. DEFENSE EXPENSES MEANS REASONABLE AND NECESSARY FEES, COSTS AND EXPENSES RESULTING SOLELY FROM THE INVESTIGATION, LEGAL DEFENSE AND LEGAL APPEAL OF A CLAIM AGAINST THE INSURED, BUT EXCLUDING SALARIES OF OFFICERS AND EMPLOYEES OF THE INSURER. READ YOUR COVERAGE FORM CAREFULLY.

Named Insured

Agent

CRESTED MOUNTAIN NORTH
CONDOMINIUMS ASSOCIATION INC

(800) 962-7132
ARTHUR J GALLAGHER RISK
MANAGEMENT SERVICES INC

SUMMARY OF LIMITS AND CHARGES

**Employment
Practices
Liability
Limits of
Insurance**

DESCRIPTION	LIMIT
Each Claim Limit	100,000
Aggregate Limit	100,000
This Coverage is subject to a \$5,000. Per Claim Deductible	
Coinsurance Participation 0 %	
Subject to a Maximum of: \$0 Each Claim	
Retroactive Date: 01/22/2019	

**Explanation of
Charges**

DESCRIPTION	PREMIUM
Employment Practices Liability	350.00

Total Advance Charges:

\$350.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
The Ohio Casualty Insurance Company

Policy Number:
BKO (20) 59 47 96 20
Policy Period:
From 01/22/2019 To 01/22/2020
12:01 am Standard Time
at Insured Mailing Location

**Employment Practices Liability
Declarations Schedule**

Named Insured	Agent
CRESTED MOUNTAIN NORTH CONDOMINIUMS ASSOCIATION INC	(800) 962-7132 ARTHUR J GALLAGHER RISK MANAGEMENT SERVICES INC

SUMMARY OF CLASSIFICATIONS

0001 11 Crested Mountain Rd Bldg L, Crested Butte, CO81225

Insured: CRESTED MOUNTAIN NORTH

CLASSIFICATION -

Employment Practices Liability - Claims Made

COVERAGE DESCRIPTION	PREMIUM BASED ON	PREMIUM
Employment Practices Liability	2 Employee(s)	\$99.00
<i>Total:</i>		<i>\$350.00</i>

Employment Practices Liability Schedule Total	\$350.00
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To report a claim, call your Agent or 1-800-362-0000

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