



UFG INSURANCE
PO Box 73909
Cedar Rapids, Iowa 52407

MDG2021 00000009 00



ANDREAS CIRCLE CONDOMINIUM
C/O TOAD PROPERTY MANAGEMNT
PO BOX 2776
CRESTED BUTTE CO 81224-2776





UNITED FIRE & CASUALTY COMPANY

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

A handwritten signature in cursive script that reads 'Paul A. Rambo'.

President

A handwritten signature in cursive script that reads 'Neal R. Johnson'.

Secretary

A STOCK INSURANCE COMPANY

60438960 ***

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

ANDREAS CIRCLE CONDOMINIUM
 C/O TOAD PROPERTY MANAGEMNT
 PO BOX 2776
 CRESTED BUTTE CO 81224-2776

ENCLOSED IS YOUR COMMERCIAL POLICY.
 YOU WILL RECEIVE YOUR BILLING,
 IF ANY, SEPARATELY.

UNI-PAK POLICY



COMMERCIAL LINES POLICY

01058000

More information regarding the Terrorism Risk Insurance Act

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts 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 - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and 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.

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is shown on the declarations page for each line of business and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

You should also know that the Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits the U.S. Government reimbursement as well as the insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

POLICYHOLDER DISCLOSURE NOTICE MANDATORY AVAILABILITY OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, we as a participating insurance company must make available, in all of our insurance policies, coverage for losses arising out of acts of terrorism as defined by the Act. Please refer to the reverse side of this notice for more information on the Terrorism Risk Insurance Act, as amended, and a definition of covered acts of terrorism.

Under the Terrorism Risk Insurance Act, as amended, insurance companies are required to make terrorism coverage available on all policies issued or renewed.

Your policy excludes coverage for certified acts of terrorism.

Coverage for certified acts of terrorism is presently provided at no additional charge on Directors & Officers Liability. Lines of business not subject to the Terrorism Risk Insurance Act include: Commercial Auto, Commercial Crime and Professional Liability, except for Directors & Officers Liability.

You have the option to accept coverage for certified acts of terrorism for the renewal policy term that accompanies this notice. Simply check the box below indicating your desire to accept terrorism coverage, complete the requested information and mail the form to our office using the address shown on your policy declarations page.

SELECTION OF TERRORISM INSURANCE COVERAGE

Under federal law, you have **thirty (30) days** to consider this offer of coverage for terrorist acts and submit the premium required. If we do not receive a signed selection from you in 30 days, your policy will continue to exclude coverage for certified acts of terrorism, except for the above noted cases.

- The premium charge for certified acts of terrorism, other than for Workers' Compensation, is \$ 19
(This premium may change if coverage changes subsequent to the issuance of this notice.)
- A signed selection of certified acts of terrorism below will apply to all coverages on your policy.

Check Box <input type="checkbox"/>	I hereby <u>accept</u> the additional premium for coverage for loss from certified acts of terrorism. I also understand that, if my policy includes workers' compensation coverage, certified acts of terrorism cannot be excluded by law.
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Policyholder/Applicant's Signature

Print Name

Date

UNITED FIRE & CASUALTY COMPANY
Insurance Company

60438960
Policy/Quote Number

Agency Name (Quotes Only)

After you sign and date this form, you must return it to the address shown on your policy declarations page.

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

0104

POLICY NUMBER: 60438960

ACCOUNT NUMBER: 3000240640
DIRECT BILL -

ISSUE DATE 10-12-2021 MDS REPLACEMENT OF 0104 60438960		POLICY SUMMARY	
NAMED ANDREAS CIRCLE CONDOMINIUM INSURED ASSOCIATION INC AND C/O TOAD PROPERTY MANAGEMENT ADDRESS PO BOX 2776 CRESTED BUTTE CO 81224-2776		AGENCY & CODE 020535 MOUNTAIN WEST INSURANCE 100 E VICTORY WAY CRAIG CO 81625	
POLICY PERIOD:		FROM: 11-14-2021	TO: 11-14-2022

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

PREMIERPRO

PREMIUMS

\$ 946.00

TOTAL ADVANCE PREMIUM

\$ 946.00

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

X _____
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

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Want to view your policy, billing and claims information online?

Need to pay your bill or report a claim?

Visit our website at www.ufgPolicy.com today.

As a United Fire Group policyholder, you have online access to your policy, billing and claims information at www.ufgPolicy.com - 24 hours a day, seven days a week. With improved tools, simpler navigation and enhanced content, finding the information you need on our website has never been easier.

At www.ufgPolicy.com, you can accomplish a lot in a few clicks:

- View your insurance policy and other important forms
- Pay your bill
- Register for monthly EFT or RBP
- Turn off paper copies of your bill
- Request billing email alerts
- Report a claim and view previously submitted claims
- Read safety tips and information, including loss control materials

You also have the option of using Express Bill Pay to pay your bill online without logging on to our website - a great timesaving tool.

So, if you never had reason to go to www.ufgPolicy.com before, now would be a good time to check or rather "click" it out.

A brief registration process is required. If you need assistance, contact Web Help at 1-800-895-6253 between 8 a.m. and 4:30 p.m. CT Monday through Friday.



IMPORTANT NOTICE – IDENTITY THEFT 911

THE PROPERTY SECTIONS OF YOUR GARAGE-PRO POLICY, YOUR BUSINESSOWNERS POLICY, or YOUR COMMERCIAL OUTPUT POLICY INCLUDE FORMS WHICH REFERENCE THE TRADEMARKED NAMES OF Identity Theft 911's Security Breach Services and/or Identity Theft 911®.

Effective immediately, all references in the forms to "IDT911" and "CC911" shall be replaced with "CyberScout" and "CyberScout Claims," respectively.

These references will be updated in a future edition date of the forms. There is no change in the coverage provisions.



NOTICE TO POLICYHOLDERS COMMUNICABLE DISEASE EXCLUSION

This Notice does not form a part of your insurance contract.

No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following endorsement(s), which applies to your policy being issued by us:

- Communicable Disease Exclusion Endorsement CG 21 32 05 09
- Communicable Disease Exclusion Endorsement CG 33 76 05 09
- Communicable Disease Exclusion Endorsement CU 21 58 05 09
- Communicable Disease Exclusion Endorsement CX 21 17 04 13
- Communicable Disease Exclusion Endorsement BP 14 86 07 13
- Communicable Disease Exclusion Endorsement CA 73 84 01 21
- Communicable Disease Exclusion Endorsement CA 73 79 01 21
- Communicable Disease Exclusion Endorsement CA 73 82 01 21
- Communicable Disease Exclusion Endorsement CG 72 30 01 21

When a Communicable Disease Exclusion endorsement is attached to your policy, coverage is excluded for liability arising out of the actual or alleged transmission of a communicable disease (including, but not limited to diseases such as COVID-19).

The attachment of any of these endorsements may result in a reduction of coverage.



POLICY NUMBER:

ST 20 03 11 21

NOTICE OF PREMIUM AUDIT NONCOMPLIANCE CHARGE

If the first Named Insured fails to comply with the Premium Audit provisions set forth in the Conditions section of this policy, an Audit Noncompliance Charge will be assessed as a percentage not exceeding the regulatory guidelines, and notice will be sent to the first Named Insured.

We will only assess the Audit Noncompliance Charge:

1. For audits conducted after the end of the policy period; and
2. When we have made three written attempts to obtain audit information from the first Named Insured.

Notes:

If audit information is not received, the audit will be increased at a percentage not exceeding the regulatory guidelines. [from current audit notice]

Applicable to CA, CG, BP



CYBER INCIDENT EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement which applies to your renewal policy being issued by us:

BP 15 60 Cyber Incident Exclusion

When this endorsement is attached to your policy, it generally excludes direct physical loss or damage to Covered Property resulting from a cyber incident; however, if a cyber incident as described in this exclusion results in fire or explosion, we will pay for the loss or damage to Covered Property caused by that fire or explosion subject to the applicable limits of insurance.

This exclusion does not apply to the extent that coverage is provided in the:

- Additional Coverage – Electronic Data; or
- Additional Coverage – Interruption Of Computer Operations.

This exclusion also does not apply to the:

- Computer Fraud And Funds Transfer Fraud endorsement;
- Electronic Commerce (E-Commerce) endorsement; or
- Information Security Protection endorsement;

if such endorsement(s) is attached to your policy.

BP 04 15 Spoilage Coverage

If this endorsement is attached to your policy, Paragraph E. of this endorsement expressly states that the Cyber Incident Exclusion applies to such coverage.



0104

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

POLICY NUMBER: 60438960

ACCOUNT NUMBER: 3000240640 (2) PREMIERPRO
DIRECT BILL - 150
ISSUE DATE 10-12-2021 MDB REPLACEMENT OF 0104 60438960

BUSINESSOWNERS COVERAGE PART

DECLARATIONS RENEWAL EXTENSION

NAMED ANDREAS CIRCLE CONDOMINIUM INSURED ASSOCIATION INC AND C/O TOAD PROPERTY MANAGEMENT ADDRESS PO BOX 2776 CRESTED BUTTE CO 81224-2776		AGENCY & CODE 020535 MOUNTAIN WEST INSURANCE 100 E VICTORY WAY CRAIG CO 81625	
POLICY PERIOD: 12:01 A.M. Standard time	FROM: 11-14-2021	TO: 11-14-2022 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 statutory required notices are mailed to you. An insufficient funds check is not considered payment.

FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other ASSOCIATION

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	PREMIUM
01 012	ANDREAS CIR CRESTED BUTTE CO 81224-9504 NON-COMBUSTIBLE CONDOMINIUMS - OFFICE - ASSOCIATIONS RISK ONLY		
	BUILDING Special Causes of Loss Replacement Cost	1,062,300	648
	LIABILITY EQUIPMENT BREAKDOWN		298 Incl

PROPERTY DEDUCTIBLE \$ 1,000

PERSONAL PROPERTY INFLATION GUARD %

ABBREVIATIONS: BLDG=BUILDING DED=DEDUCTIBLE PREM=PREMISES MC=MERIT CREDIT INCL = INCLUDED

LIABILITY AND MEDICAL EXPENSE LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	PRODUCTS-COMPLETED OPERATIONS AGGREGATE	PERSONAL AND ADVERTISING INJURY (Per Person Or Organization)	LIABILITY AND MEDICAL EXPENSES PER OCCURRENCE	DAMAGE TO PREMISES RENTED TO YOU	MEDICAL EXPENSE (Any One Person)
\$ 2,000,000	\$ 2,000,000	\$ 1,000,000	\$ 1,000,000	\$ 100,000	\$ 5,000

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

Other Forms	SEE UW7002
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AMEND REASON:

PREMIUM FOR THIS COVERAGE PART	\$ 946
Endorsement Adjustment Premium	\$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

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POLICY NUMBER: 60438960

BUSINESSOWNERS COVERAGE PART SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSURED

Schedule of Additional Insureds	Premium
<p>MANAGERS OR LESSORS OF PREMISES BP0402 -COLORADO Manager or Lessor of Premises **SEE BELOW Designation of Premises 2 ANDREAS CIR CRESTED BUTTE CO 81224 WHO IS INSURED (SECTION II) SHOWN IN SCHEDULE **TOAD PROPERTY MANAGEMENT PO BOX 2776 CRESTED BUTTE CO 81224</p>	Incl

BUSINESSOWNERS - SUMMARY OF INCLUDED COVERAGES

The following Coverage Highlights summary is intended for reference only and is subject to change without notice. If there is any conflict between the policy and this summary, the provisions of the policy prevail. Refer to the actual policy declarations, coverage forms and endorsements for a complete description of coverage.

COVERAGE	AMOUNT
Accounts Receivable	\$25,000
Additional Insured - Managers or Lessors of Premises	Included as an Insured
Business Income	Refer to Policy
Business Income From Dependent Properties	\$5,000
Business Personal Property Limit - Seasonal Increase	25%
Civil Authority	4 Weeks
Data Processing Coverage - On Premises	\$25,000
Data Processing Coverage - Off Premises	\$10,000
Debris Removal	\$25,000
Electronic Data	\$25,000
Employee Dishonesty	\$5,000
Equipment Breakdown	Refer to the Equipment Breakdown Enhancement Endorsement for details
Extended Business Income	30 Days
Extra Expense	Refer to Policy
False Pretense Coverage	\$5,000
Fine Arts	\$10,000
Fire Department Service Charge	\$2,500
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$2,500
Fungi, Wet Rot or Dry Rot	\$15,000
Furs, Fur Garments & Garments Trimmed in Fur	\$2,500
Interruption of Computer Operations	\$10,000
Jewelry, Watches, Precious Metals and Precious & Semi-Precious Stones	\$2,500
Lock Replacement	\$500
Money Orders & Counterfeit Money	\$5,000
Money & Securities	\$10,000
Newly Acquired or Constructed Property – Buildings	\$500,000
Newly Acquired or Constructed Property – Property	\$250,000
Newly Acquired Property - Increased Amount of Days	60 Days
Ordinance or Law Coverage - Coverage 1 (Loss to Undamaged Portion of Building)	Included within the building limit
Ordinance or Law Coverage - Coverage 2 (Demolition Cost)	\$50,000
Ordinance or Law Coverage - Coverage 3 (Increased Cost of Construction)	\$50,000
Outdoor Property	\$5,000
Outdoor Signs (Attached to Buildings)	\$10,000
Patterns, Dies, Molds and Forms	\$2,500
Personal Effects	\$10,000
Personal Property Off Premises	\$20,000
Pollutant Clean Up and Removal	\$25,000
Property In Transit	\$20,000
Security Breach & Identity Services	Included
Spoilage Due to Service Interruption	\$5,000
Stamps, Tickets, Lottery Tickets and Letters of Credit	\$250
Utility Services - Direct Damage	\$10,000
Valuable Papers and Records	\$25,000
Water Back-Up and Sump Overflow	\$5,000

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POLICY NUMBER:

60438960

FORMS SUPPLEMENTAL DECLARATIONS

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

Premium

Applicable to the state of Colorado

*BP7012(02-20) EXCL-COSMETIC/APPEARANCE LOSS/DAMAGE

Other Forms

Applicable to the state of Colorado

BP0003(07-13) BUSINESSOWNERS COVG FORM
 BP0181(03-15) CO-CHGS
 BP0402(07-13) ADDL INSURED-MGRS/LESSORS OF PREMISES
 *BP0412(04-17) LIMITATION OF COVG TO DESIGNATED PREMISES/PROJECT
 BP0417(01-10) EMPLOYMENT-RELATED PRACTICES EXCL
 BP0483(01-10) REMOVAL OF INSURANCE-TO-VALUE PROVISION
 BP0493-(01-06) TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION
 BP0517(01-06) EXCL-SILICA OR SILICA RELATED DUST
 BP0524(01-15) EXCL OF CERTIFIED ACTS OF TERRORISM
 BP0577(01-06) FUNGI/BACTERIA EXCL
 BP0598(07-13) AMENDMENT OF INSURED CONTRACT DEFINITION
 *BP1486-(07-13) COMMUNICABLE DISEASE EXCL
 BP1504(05-14) EXCL-ACCESS OR DISCLOSURE OF INFORMATION
 BP1531(09-19) CANNABIS PROP EXCL W/ HEMP EXCEPTION
 BP1533(09-19) CANNABIS LIAB EXCL W/HEMP EXCEPTION
 *BP1560(02-21) CYBER INCIDENT EXCLUSION
 BP1701(07-13) CONDO ASSOC COVG
 BP7001(11-17) BUSINESSOWNERS PROPERTY PLUS END
 BP7022(01-10) ABUSE OR MOLESTATION EXCL
 BP7115(08-17) EQUIP BREAKDOWN ENHANCEMENT END
 *BP7123(11-17) BUSINESSOWNERS COVG PART
 *BP7125(11-17) BUSINESSOWNERS SUPPLEMENTAL DEC-ADDL INSURED
 BP7174(08-15) PRIMARY & NONCONTRIBUTORY-OTHER INS CONDITION
 BP7199(03-19) MULTIPLE LIABILITY COVGS LIMITATION
 IL7009-(04-91) AMEND ENDORSEMENT PUNITIVE/EXEMPLARY DAMAGES EXCL
 IL7068(01-10) EXCL-LEAD-HAZARDOUS PROPERTIES
 IL7069(01-10) EXCL-UNDERGROUND STORAGE TANKS
 IL7070(09-12) ABSOLUTE ASBESTOS EXCL
 IL7083(08-10) PAYMENT OF LOSSES
 *ST1644(01-12) POLICY WEBSITE STUFFER
 *ST1882(06-16) NOTICE-LOCATION & PREMISES CLARIFICATION
 *ST1943(01-20) IMPORTANT NOTICE-IDENTITY THEFT 911
 *ST1965(01-21) NOTICE TO POLICYHOLDERS-COMMUNICABLE DISEASE EXCL
 *ST1970(02-21) CYBER INCIDENT EXCLUSION END
 *ST2003(11-21) NOTICE OF PREM AUDIT NONCOMPLIANCE CHARGE
 *UW7014(11-13) SUMMARY OF INCLUDED COVERAGES

(ii) In connection with the project or operation shown in the Schedule; and

(b) The offense was committed during the policy period.

However, with respect to Paragraph **A.1.b.(2)(a)(i)**, if the "personal and advertising injury" is caused by:

(a) False arrest, detention or imprisonment; or

(b) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

C. Paragraph **A.2.a. Medical Expenses** is replaced by the following:

a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":

(1) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or

(2) Arises out of the project or operation shown in the Schedule;

provided that:

(a) The accident takes place during the policy period;

(b) The expenses are incurred and reported to us within one year of the date of the accident; and

(c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A. Premises: AS SHOWN ON DEC
B. Project Or Operation:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Liability is amended as follows:

A. Paragraph A.1.b.(1) is replaced by the following:

- (1) To "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:
 - (a) The "bodily injury" or "property damage":
 - (i) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
 - (ii) Arises out of the project or operation shown in the Schedule;
 - (b) The "bodily injury" or "property damage" occurs during the policy period; and

- (c) Prior to the policy period, no insured listed under Paragraph C.1. Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known before the policy period.

B. Paragraph A.1.b.(2) is replaced by the following:

- (2) To "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:
 - (a) The offense arises out of your business:
 - (i) Performed on the premises shown in the Schedule; or

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
EXCLUSION - COSMETIC OR APPEARANCE LOSS OR DAMAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following language is added to **B. Exclusions in SECTION I - PROPERTY:**

Cosmetic or Appearance Loss or Damage

We will not pay for loss or damage caused by the peril of hail that alters the physical appearance of any part of any roof covering made of metal but does not result in damage that allows the penetration of water through the roof covering or does not result in the failure of the roof covering to perform its intended function to keep out weather, its elements. This exclusion applies to roof coverings including the roofing material exposed to weather, its underlayments applied for moisture protection and all flashings required in application of the roof covering.

Hail damage to roof coverings that result in damage that will allow the penetration of water through the roof covering or that result in the failure of the roof covering to perform its intended function to keep out elements is not subject to this exclusion.



Notice to Policyholders — Location and Premises Clarification

This notice does not provide you with any coverage and is intended solely as a clarification of our intent.

Wherever any reference to location is made in the Declarations, Supplemental Declarations, Coverage Forms, or endorsements that comprise this policy, that reference shall also be deemed to apply to premises, and likewise any reference to premises shall be deemed to apply to location.

This notice is provided to you as certain documents that comprise your policy may use these terms interchangeably.

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

Thank you for doing business with United Fire Group.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CYBER INCIDENT EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I – Property is amended as follows:

A. The following exclusion is added to Paragraph B. Exclusions:

We will not pay for loss or damage caused directly or indirectly by the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

Cyber Incident

1. Unauthorized access to or use of any computer system (including "electronic data").
2. Malicious code, virus or any other harmful code that is directed at, enacted upon or introduced into any computer system (including "electronic data") and is designed to access, alter, corrupt, damage, delete, destroy, disrupt, encrypt, exploit, use or prevent or restrict access to or the use of any part of any computer system (including "electronic data") or otherwise disrupt its normal functioning or operation.
3. Denial of service attack which disrupts, prevents or restricts access to or use of any computer system, or otherwise disrupts its normal functioning or operation.

B. Exceptions And Limitations

1. Fire Or Explosion

If a cyber incident as described in Paragraphs **A.1.** through **A.3.** of this exclusion results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

2. Additional Coverage

The exclusion in Paragraph **A.** does not apply to the extent that coverage is provided in the:

- a. Additional Coverage – Electronic Data; or
- b. Additional Coverage – Interruption Of Computer Operations.

3. Computer Fraud And Funds Transfer Fraud Endorsement

The exclusion in Paragraph **A.** does not apply to the Computer Fraud And Funds Transfer Fraud endorsement when attached to your policy.

4. Electronic Commerce Endorsement

The exclusion in Paragraph **A.** does not apply to the Electronic Commerce (E-Commerce) endorsement when attached to your policy.

5. Information Security Protection Endorsement

The exclusion in Paragraph **A.** does not apply to the Information Security Protection Endorsement when attached to your policy.

C. Vandalism

The following is added to Vandalism:

Vandalism does not include a cyber incident as described in Paragraph **A.**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMUNICABLE DISEASE EXCLUSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following exclusion is added to Paragraph **B. Exclusions** in **Section II – Liability**:

Communicable Disease

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- a. Supervising, hiring, employing, training or monitoring of others that may be infected with and spread a communicable disease;
- b. Testing for a communicable disease;
- c. Failure to prevent the spread of the disease; or
- d. Failure to report the disease to authorities.



* 1