



000055 EPP 0190454495/Plains Territory-2758228***

MAJESTIC PLAZA CONDO ASSOCIATION
PO BOX 2776
CRESTED BUTTE CO 81224-2776

THE CINCINNATI INSURANCE COMPANY
P.O. BOX 145496
CINCINNATI OH 45250-5496

NOTICE OF POLICY CONDITIONAL RENEWAL



Named Insured & Mailing Address:

Producer: 05028

MAJESTIC PLAZA CONDO ASSOCIATION
PO BOX 2776
CRESTED BUTTE CO 81224-2776

MOUNTAIN WEST INSURANCE & FINANCIAL
SERVICES, LLC
100 E VICTORY WAY
CRAIG CO 81625-1914

Policy No.: EPP0454495
Type of Policy: PACKAGE
Date of Expiration: 09/01/2025; 12:01 A.M. Local Time at the mailing address of the Named Insured.

This notice is to advise that we are agreeable to renewing this policy subject to the following: \$35283

Reason(s) for the increase in premium: Your premium will be increasing to no more than the premium shown above. This increase could be the result of changes in premium basis classifications, coverage rates and/or loss experience. Please contact your insurance agent for assistance in reviewing your individual policy/situation.

Thank you for choosing Cincinnati Insurance Company to meet your insurance needs.

Named Insured

EPP 0190454495/PLAINS TERRITORY-2758228***
MAJESTIC PLAZA CONDO ASSOCIATION
PO BOX 2776
CRESTED BUTTE CO 81224-2776

Date Mailed:
15th day of July, 2025

RYAN RHODS

THE CINCINNATI INSURANCE COMPANY
P.O. BOX 145496
CINCINNATI OH 45250-5496

Named Insured: MAJESTIC PLAZA CONDO ASSOCIATION

Policy Number: EPP0454495



This page is separate and independent from the notice given.
We are informing you that the following parties were notified of this action.

PARTIES NOTIFIED

Named Insured
MAJESTIC PLAZA CONDO ASSOCIATION
PO BOX 2776
CRESTED BUTTE CO 81224-2776

Producer
Mountain West Insurance & Financial Services, LLC
100 E Victory Way
Craig CO 81625-1914