

## RENEWAL CERTIFICATE

**COMMON POLICY DECLARATIONS**  
CONDOMINIUM PAC  
BUSINESS: CONDO 1-4

**POLICY NO.:** I-680-6673C216-TCT-11  
**ISSUE DATE:** 06-07-11

**INSURING COMPANY:**  
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

**1. NAMED INSURED AND MAILING ADDRESS:**

MAHOGANY VISTA HOA  
1973 COUNTY ROAD 210

RIFLE CO 81650

**2. POLICY PERIOD:** From 08-01-11 to 08-01-12 12:01 A.M. Standard Time at your mailing address.

**3. LOCATIONS:**

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	CONDO 1-4	379-389 S. 9TH STREETROAD 210 RIFLE CO 81650

**4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:**

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	TCT
Directors & Officers Coverage Supplement	TCT

**5. The COMPLETE POLICY** consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

**6. SUPPLEMENTAL POLICIES:** Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY

DIRECT BILL

**7. PREMIUM SUMMARY:**

Provisional Premium	\$	2,161.00
Due at Inception	\$	
Due at Each	\$	

**NAME AND ADDRESS OF AGENT OR BROKER**

**COUNTERSIGNED BY:**

HUB INTL INS SERVICES XV316  
1125 17TH ST STE 900  
DENVER CO 80202

\_\_\_\_\_  
Authorized Representative

**DATE:** \_\_\_\_\_



One Tower Square, Hartford, Connecticut 06183

**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

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FORM OF BUSINESS: HOA

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

**COMMERCIAL GENERAL LIABILITY COVERAGE**

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

**BUSINESSOWNERS PROPERTY COVERAGE**

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 500 per occurrence.  
 Building Glass: \$ 500 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

**SPECIAL PROVISIONS:**

**COMMERCIAL GENERAL LIABILITY COVERAGE  
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**





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LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

\* IL TO 25 08 01 RENEWAL CERTIFICATE  
\* MP TO 01 02 05 BUSINESSOWNERS COVERAGE PART DECS  
\* IL T8 01 01 01 FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS  
IL T3 15 09 07 COMMON POLICY CONDITIONS

BUSINESSOWNERS

\* MP T1 30 02 05 TBL OF CONT-BUSINESSOWNERS COV-DELUXE  
MP T1 02 02 05 BUSINESSOWNERS PROPERTY COV-SPEC FORM  
MP T1 03 02 05 AMENDATORY PROVISIONS-CONDOMINIUM  
\* MP T3 06 02 07 SEWER OR DRAIN BACKUP EXTENSION  
MP T3 25 01 08 TERRORISM RISK INS ACT OF 2002 NOTICE  
MP T3 50 11 06 EQUIP BREAKDOWN SERV INTERRUPTION LIM  
MP T3 56 02 08 AMENDATORY PROVISIONS-GREEN BLD  
\* MP T3 23 08 06 FUNGUS,WET ROT,DRY ROT CAUSE OF LOSS CHG  
MP T9 70 03 06 POWER PAC ENDORSEMENT

COMMERCIAL GENERAL LIABILITY

CG TO 34 11 03 TABLE OF CONTENTS  
CG TO 59 10 91 TABLE OF CONTENTS DIR & OFFICERS  
CG 00 01 10 01 COMMERCIAL GENERAL LIABILITY COV FORM  
CG D2 37 11 03 EXCLUSION-REAL ESTATE DEV ACTIVITIES  
CG D2 55 11 03 AMENDMENT OF COVERAGE - POLLUTION  
CG D3 09 11 03 AMEND ENDT-PRODUCTS-COMPLETED OPR HAZARD  
CG 21 70 01 08 CAP ON LOSSES-CERTIFIED ACTS-TERRORISM  
\* CG D0 28 10 91 DIR & OFFICERS LIAB END COMMUNITY ASSOC  
CG D0 37 04 05 OTHER INSURANCE-ADDITIONAL INSUREDS  
CG D2 03 12 97 AMEND-NON CUMULATION OF EACH OCC  
CG D2 34 01 05 WEB XTEND - LIABILITY  
\* MP T1 25 11 03 HIRED AUTO AND NON-OWNED AUTO LIAB  
CG D2 43 01 02 FUNGI OR BACTERIA EXCLUSION  
CG D2 56 11 03 AMENDMENT OF COVERAGE  
CG D2 88 11 03 EMPLOYMENT-RELATED PRACTICES EXCLUSION  
CG D3 26 01 04 EXCLUSION-UNSOLICITED COMMUNICATIONS  
CG D3 56 01 05 MOBILE EQUIP/EXCL VEHICLES SUB TO MV LAW  
CG D0 76 06 93 EXCLUSION-LEAD  
CG D1 42 01 99 EXCLUSION-DISCRIMINATION  
CG D2 42 01 02 EXCLUSION WAR  
CG T4 78 02 90 EXCLUSION-ASBESTOS  
CG T3 33 11 03 LIMIT WHEN TWO OR MORE POLICIES APPLY

\* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

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**INTERLINE ENDORSEMENTS**

IL T3 82 08 06	EXCL OF LOSS DUE TO VIRUS OR BACTERIA
IL T3 79 01 08	CAPS ON LOSSES FROM CERT ACTS OF TERROR
IL 00 21 09 08	NUCLEAR ENERGY LIAB EXCL END-BROAD FORM
IL 01 69 09 07	CO CHANGES CONCEAL MISREP OR FRAUD
IL 02 28 09 07	CO CHANGES-CANCELLATION AND NONRENEWAL

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