

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY

DECLARATIONS

POLICY NUMBER  
05XR900802

CUSTOMER BILLING ACCOUNT  
017-762-222 77

NOTICE THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

NAMED THE CENTENNIAL OWNERS ASSOCIATION  
ORGANIZATION

MAILING PO BOX 12394  
ADDRESS ASPEN, CO 81612-9207

POLICY PERIOD FROM 12-07-2016 TO 12-07-2017  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION  
BUSINESS DESCRIPTION Condominium Association - Residential

LIMIT OF LIABILITY  
Aggregate for Coverage A, B and C, including "claims expenses" \$2,000,000

RETENTION AMOUNTS  
Coverage A (each claim) \$1000  
Coverage B (each claim) \$1000  
Coverage C (each claim) \$1000

RETROACTIVE DATE  
THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE (Coverages A and B): 12-07-2011  
RETROACTIVE DATE (Coverages C): 12-07-2011

PENDING OR PRIOR LITIGATION DATE  
PENDING OR PRIOR DATE (Coverages A and B): 12-07-2011  
PENDING OR PRIOR DATE (Coverages C): 12-07-2011

EXTENDED REPORTING PERIOD  
ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

TOTAL DIRECTORS AND OFFICERS PREMIUM \$1,114.00  
TOTAL ADVANCE PREMIUM \$1,114.00

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 15 IL 75 26 12 05 NP 00 00 12 05  
NP 00 01 12 05 NP 00 03 10 06 NP 02 28 10 06  
NP 21 10 04 03 NP 21 12 04 03 NP 21 15 01 15  
NP 28 02 04 03 NP 28 05 04 03 NP 71 02 12 05  
NP 71 03 12 05 NP 71 04 12 05 NP 71 07 12 05

AUTHORIZED REPRESENTATIVE

*Jack Sabornie*  
President

*Dec*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 140-307  
JIM LORD  
827 RAILROAD AVE  
RIFLE, CO 81650-3511

PHONE  
970-625-4742

PAGE 01  
BRANCH HNC003 RENW  
ENTRY DATE 09-21-2016

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

COMMERCIAL LIABILITY UMBRELLA POLICY

DECLARATIONS

POLICY NUMBER  
05XR900803

CUSTOMER BILLING ACCOUNT  
017-762-222 77

NAMED THE CENTENNIAL OWNERS ASSOCIATION  
INSURED

MAILING PO BOX 12394  
ADDRESS ASPEN, CO 81612-9207

POLICY PERIOD FROM 12-07-2016 TO 12-07-2017  
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION

LIMITS OF INSURANCE

AGGREGATE LIMIT	\$3,000,000
EACH OCCURRENCE LIMIT	\$3,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$3,000,000
SELF INSURED RETENTION	\$10,000

SCHEDULE OF UNDERLYING INSURANCE

<b>UNDERLYING INSURANCE - BUSINESSOWNERS POLICY</b>	<b>LIMIT OF INSURANCE</b>
AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
LIABILITY & MEDICAL EXPENSES	\$2,000,000

TOTAL ADVANCE PREMIUM \$1,050.00

Forms and endorsements applying to and made part of this policy at time of issue:

CU 00 00 12 07	CU 00 01 12 07	CU 00 04 05 09	CU 01 46 09 00	CU 21 12 09 00
CU 21 15 09 00	CU 21 18 09 00	CU 21 23 02 02	CU 21 27 12 04	CU 21 35 01 15
CU 21 42 12 04	CU 21 50 03 05	CU 21 52 12 05	CU 21 56 06 06	CU 71 01 10 01
CU 71 02 07 10	CU 71 06 10 01	CU 71 08 10 01	CU 73 01 12 04	IL 00 17 11 98
IL 02 28 09 07	IL 09 85 01 15	IL 75 26 12 05	IL 75 40 03 16	

AUTHORIZED REPRESENTATIVE

*Jack Salomone*  
President

*Peck*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 140-307  
JIM LORD  
827 RAILROAD AVE  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NON-STACKING OF LIMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
EMPLOYEE BENEFIT LIABILITY COVERAGE PART  
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

In consideration of the premium charged, it is hereby understood and agreed that if any claim under this policy is also covered by one or more other policies issued to "you" by "us", then with respect to such claim:

1. Coverage provided by this policy does not stack, combine or aggregate to provide coverage in addition to or excess of coverage provided by any other policy issued to "you" by "us"; and
2. Any coverage that is required to be stacked under the law will be reduced to the mandatory minimum limits required under the law.

Nothing contained in this Endorsement shall be construed to increase the limit of liability of this policy.

All other terms, conditions and Endorsements shall remain unchanged.

**STATEMENT OF VALUES - BLANKET COVERAGES**

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: THE CENTENNIAL OWNERS ASSOCIATION

Doing Business As Name (if applicable):

Insured Mailing Address: PO BOX 12394  
ASPEN, CO 81612-9207

Valuation Type: Replacement Cost      Effective Date: 12-07-2016

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XR900801

The Statement Of Values - Blanket Coverage must be submitted for all new business, coverage changes and value changes. **Loss Payment Penalties may apply if property is not insured to at least 80% of replacement cost value at the time of loss.** Building Limit Inflation Protection Coverage and Business Personal Property Automatic Increase In Coverage will apply to each renewal.

\* Blanket Coverages are only available for the following types of property: Buildings, Auxiliary Buildings/Structures, Business Personal Property, Auxiliary Buildings Business Personal Property, Signs, Fences and Antennas. Blanket Coverage applies per property type.

**Specific rates apply to each item listed in this Schedule.**

PREMISES NO.	1	BUILDING NO.	1
LOCATION	110 129 FREE SILVER CT ASPEN CO 816113209		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$3,125,786		
PREMISES NO.	2	BUILDING NO.	1
LOCATION	212 225 FREE SILVER CT ASPEN CO 816113213		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$1,871,070		

CONTINUED ON NEXT PAGE

APPLICANT OR INSURED	AGENT
All property values submitted are 100% of the replacement cost value to the best of my knowledge and American Family can rely upon my statements in providing Blanket Coverages.	I have explained to the insured the Loss Payment Penalties that may apply if the property is not insured to 80% of replacement cost value.
Signed _____	Signature _____
Name _____	Name JIM LORD
Title _____	Agent/District Code 140-307
Date _____	Date _____

Schedule (continued)

## Specific rates apply to each item listed in this Schedule.

PREMISES NO.	3	BUILDING NO.	1
LOCATION	310 329 FREE SILVER CT ASPEN CO 816113221		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$3,301,887		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	410 423 FREE SILVER CT ASPEN CO 816113225		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$1,871,070		
PREMISES NO.	5	BUILDING NO.	1
LOCATION	210 229 TEAL CT ASPEN CO 816113259		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$2,817,610		
PREMISES NO.	6	BUILDING NO.	1
LOCATION	310 329 TEAL CT ASPEN CO 816111567		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$3,081,761		
PREMISES NO.	7	BUILDING NO.	1
LOCATION	410 424 TEAL CT ASPEN CO 816111565		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$1,540,881		

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY****DECLARATIONS**POLICY NUMBER  
05XR900801CUSTOMER BILLING ACCOUNT  
017-762-222 77NAMED THE CENTENNIAL OWNERS ASSOCIATION  
INSUREDMAILING PO BOX 12394  
ADDRESS ASPEN, CO 81612-9207

POLICY PERIOD FROM 12-07-2016 TO 12-07-2017

12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION

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.

**SECTION I PROPERTY**

COVERAGE	LIMIT OF INSURANCE	PREMIUM
OPTIONAL COVERAGE EMPLOYEE DISHONESTY	\$100,000	\$331.00
ADDITIONAL COVERAGE - HIGHER LIMITS FORGERY AND ALTERATION	\$100,000	\$83.00

COVERAGE PROVIDED. BLANKET INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.

**DESCRIPTION OF PREMISES**PREMISES NO. 0001 BUILDING NO. 001  
LOCATION 110 129 FREE SILVER CT  
ASPEN CO 816113209BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 17  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001  
LOCATION 212 225 FREE SILVER CT  
ASPEN CO 816113213BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILEAGENT 140-307  
JIM LORD  
827 RAILROAD AVE  
RIFLE, CO 81650-3511PHONE  
970-625-4742PAGE 0001  
BRANCH HNC003 RENW  
ENTRY DATE 09-20-2016

BP AF 01 09 16

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER  
05XR900801

DECLARATIONS

CUSTOMER BILLING ACCOUNT  
017-762-222 77

NUMBER OF UNITS 9  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001  
LOCATION 310 329 FREE SILVER CT  
ASPEN CO 816113221

BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 15  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001  
LOCATION 410 423 FREE SILVER CT  
ASPEN CO 816113225

BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 10  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001  
LOCATION 210 229 TEAL CT  
ASPEN CO 816113259

BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 16  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350

AGENT 140-307  
JIM LORD  
827 RAILROAD AVE  
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**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**

**DECLARATIONS**

**POLICY NUMBER**  
05XR900801

**CUSTOMER BILLING ACCOUNT**  
017-762-222 77

**DESCRIPTION OF PREMISES**

PREMISES NO. 0006 BUILDING NO. 001  
LOCATION 310 329 TEAL CT  
ASPEN CO 816111567

BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 17  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350

**DESCRIPTION OF PREMISES**

PREMISES NO. 0007 BUILDING NO. 001  
LOCATION 410 424 TEAL CT  
ASPEN CO 816111565

BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 8  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 350

**The Following Applies To All Premises Identified In This Declaration**

**PROPERTY DEDUCTIBLE** \$10,000

**OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
BUILDING - Blanket REPLACEMENT COST	\$17,610,065	\$16,678.00

<b>ADDITIONAL COVERAGE</b>	<b>LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

Property forms and endorsements applying to this premises and made part of this policy at time of issue:  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.  
BP 85 17 09 15      BP 84 11 07 98      BP 85 11 12 08

**AGENT** 140-307  
JIM LORD  
827 RAILROAD AVE  
RIFLE, CO 81650-3511

**PHONE**  
970-625-4742

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**BRANCH** HNCO03 RENEW  
**ENTRY DATE** 09-20-2016

BP AF 01 09 16

INSURED

Stock No. 15141



**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XR900801**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
017-762-222 77

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$342.00

TOTAL ADVANCE PROPERTY PREMIUM \$17,434.00

Property forms and endorsements applying to all premises and made part of this policy at time of issue:  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 06 01 01 07

BP 83 01 07 98

BP 83 02 01 07

BP 84 04 01 07

**SECTION II LIABILITY AND MEDICAL EXPENSES**

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES	\$50,000
LIABILITY - EACH OCCURENCE LIMIT	\$2,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0002 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0003 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0004 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0005 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0006 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0007 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	17 UNITS		\$68.00
PREMISES NO. 0002 BUILDING NO. 001	9 UNITS		\$37.00
PREMISES NO. 0003 BUILDING NO. 001	15 UNITS		\$60.00
PREMISES NO. 0004 BUILDING NO. 001	10 UNITS		\$40.00

AGENT 140-307  
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**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XR900801**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
017-762-222 77

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$342.00

TOTAL ADVANCE PROPERTY PREMIUM \$17,434.00

Property forms and endorsements applying to all premises and made part of this policy at time of issue:  
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 06 01 01 07

BP 83 01 07 98

BP 83 02 01 07

BP 84 04 01 07

**SECTION II LIABILITY AND MEDICAL EXPENSES**Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES	\$50,000
LIABILITY - EACH OCCURENCE LIMIT	\$2,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0002 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0003 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0004 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0005 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0006 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0007 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	17 UNITS		\$68.00
PREMISES NO. 0002 BUILDING NO. 001	9 UNITS		\$37.00
PREMISES NO. 0003 BUILDING NO. 001	15 UNITS		\$60.00
PREMISES NO. 0004 BUILDING NO. 001	10 UNITS		\$40.00

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## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

## POLICY NUMBER

05XR900801

## DECLARATIONS

## CUSTOMER BILLING ACCOUNT

017-762-222 77

PREMISES NO. 0005 BUILDING NO. 001

16 UNITS

\$65.00

PREMISES NO. 0006 BUILDING NO. 001

17 UNITS

\$68.00

PREMISES NO. 0007 BUILDING NO. 001

8 UNITS

\$32.00

## TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$370.00

Liability forms and endorsements applying to all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 04 17 07 02

BP 04 39 07 02

BP 04 54 01 06

BP 04 93 01 06

BP 05 17 01 06

BP 05 77 01 06

BP 10 05 07 02

BP 14 60 06 10

BP 84 24 01 07

BP 85 04 07 10

BP 85 05 07 98CO

BP 85 10 07 98

BP 85 12 01 06

IL 75 26 12 05

## TOTAL ADVANCE BUSINESS PREMIUM

\$17,804.00

This premium may be subject to adjustment.

Forms and endorsements applying to property and liability at all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP IN 01 01 06

BP 00 03 01 06

BP 01 81 07 02

BP 05 01 07 02

BP 05 15 01 15

BP 05 24 01 15

BP 05 41 01 15

BP 80 01 01 07

BP 87 01 08 10

BP 87 90 08 10

AUTHORIZED  
REPRESENTATIVE
  
 Jack Sabourin  
 President

  
 Secretary
COUNTERSIGNED  
LICENSED RESIDENT AGENT
 AGENT 140-307  
 JIM LORD  
 827 RAILROAD AVE  
 RIFLE, CO 81650-3511

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