

Common Policy Declarations

FARMERS INSURANCE EXCHANGE
(A RECIPROCAL COMPANY)
Members Of The Farmers Insurance Group Of Companies
Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010

CONDOMINIUM - PRIMARY

1.

Named · CHERRYWOOD PARK
Insured ·
Mailing · 13700 TROON CT
Address · BROOMFIELD CO 80023-9587

| Acct. No. | Prod. Count |
|-----------|---------------|
| 07-33-393 | 60325-67-78 |
| Agent No. | Policy Number |

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 06/05/12 (not prior to time applied for) to 06/05/13 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: 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.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

This Policy Consists Of The Following Coverage Parts Listed Below And For Which A Premium Is Indicated. This Premium May Be Subject To Change.

| | Premium After Applicable Discount and Modification |
|--|--|
| CONDOMINIUMS OWNERS POLICY | \$1,029.00 |
| DIRECTORS AND OFFICERS LIABILITY COVERAGE PART | \$611.00 |
| CERTIFIED ACTS OF TERRORISM - SEE DISCLOSURE ENDORSEMENT | INCLUDED |
| | |
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| | |
| Total *see Additional Fee Information below | See Invoice Attached |



FARMERS

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



FARMERS

J6300
2nd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

| | |
|--|-------|
| Terrorism Premium (Certified Acts) \$ | 16.00 |
| Additional information, if any, concerning the terrorism premium: | |
| | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

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CONDOMINIUM - PRIMARY

1.

Named • CHERRYWOOD PARK
 Insured •
 Mailing • 13700 TROON CT
 Address • BROOMFIELD CO 80023-9587

| | |
|------------------|--------------------|
| Acct. No. | Prod. Count |
| <u>07-33-393</u> | <u>60325-67-78</u> |
| Agent No. | Policy Number |

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from ~~06/05/12~~ (not prior to time applied for) to 06/05/13 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: 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.

3. Insured location same as mailing address unless otherwise stated:

001 13629 ADAMS ST THORNTON CO 806028742

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

| Property | |
|--------------------------------------|-----------------|
| Coverages And Limits Of Insurance | |
| COVERAGES | PREMISE NO. 001 |
| BUILDINGS | \$2,700 |
| BUILDING ORDINANCE AND LAW | COV 1 COVERED |
| | COV 2 \$25,000 |
| | COV 3 \$10,000 |
| SPECIFIED PROPERTY | \$98,000 |
| ASSOCIATION FEE AND EXTRA EXPENSE | \$100,000 |
| AUTOMATIC BUILDING INCREASE | 8% |
| PROPERTY DEDUCTIBLE | \$1,000 |
| WINDSTORM OR HAIL % DEDUCTIBLE | N/A |

| Additional Coverages | |
|--------------------------|---------------|
| Coverage | All Premises |
| MASTER KEY | \$100/\$5,000 |
| NON-OWNED AUTO LIABILITY | \$2,000,000 |



Coverage Extensions - Optional Higher Limits of Insurance Per Occurrence

| Coverage | All Premises |
|--------------------------------|--------------|
| ACCOUNTS RECEIVABLE | \$5,000 |
| VALUABLE PAPERS | \$5,000 |
| EDP | \$5,000 |
| NEWLY ACQ PROP OR CONST BLDG | \$250,000 |
| PERS PROP AT NEWLY ACQ PREMISE | \$100,000 |

Optional Coverages: We provide insurance for those Optional Coverages described below.

| Coverage | All Premises |
|--------------------------------|---|
| OUTDOOR SIGNS | \$9,000 |
| EMPLOYEE DISHONESTY | \$10,000 |
| MONEY AND SECURITIES | \$5,000 |
| OUTDOOR PROPERTY | \$2,500 |
| DIRECTORS & OFFICERS LIABILITY | \$2,000,000 EACH CLAIM \$2,000,000 ANNUAL AGGREGATE |

Liability And Medical Payments - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

| Coverage | Limits Of Insurance |
|-------------------|--|
| LIABILITY | \$2,000,000 PER OCC/ \$4,000,000 GEN AGG |
| MEDICAL EXPENSES | \$5,000 PER PERSON |
| TENANTS LIABILITY | \$75,000 PER OCCURRENCE |

Mortgage Holders:

| Premises No. | Mortgage Holder Name, Address |
|--------------|-------------------------------|
| | |

Countersigned _____ By _____
 (Date) (Authorized Representative)