

60439474 \*\*\*  
020346

ADDISON INSURANCE 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.

ADDISON INSURANCE COMPANY

118 2nd Ave SE  
Cedar Rapids, IA 52401

PARKSIDE CONDOMINIUM  
ASSOCIATION C/O REMAX  
PO BOX 1010  
NEW CASTLE CO 81647-1010

**UNI-PAK POLICY**



**COMMERCIAL LINES POLICY**



## ADDISON INSURANCE

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

A handwritten signature in black ink, appearing to read 'Randy A. Hambo'.

President

A handwritten signature in black ink, appearing to read 'Kurt Stahl'.

Secretary

A STOCK INSURANCE COMPANY

**ADDISON INSURANCE COMPANY**

PO Box 73909, Cedar Rapids IA 52407

**POLICY NUMBER:** 60439474

ACCOUNT NUMBER:3000241417

DIRECT BILL -

ISSUE DATE 10-08-2017 BP4 REPLACEMENT OF 0304 60439474	<b>POLICY SUMMARY</b>
<b>NAMED</b> PARKSIDE CONDOMINIUM ASSOCIATION <b>INSURED</b> C/O REMAX <b>AND</b> <b>ADDRESS</b> PO BOX 1010 NEW CASTLE CO 81647-1010	<b>AGENCY &amp; CODE</b> 020346 GLENWOOD INS AGENCY PO BOX 1270  GLENWOOD SPRINGS CO 81601
<b>POLICY PERIOD:</b>	<b>FROM:</b> 12-01-2017 <b>TO:</b> 12-01-2018

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****PREMIUMS**

OTHER LIABILITY	\$ 800.00
PREMIERPRO	\$ 1,819.00
<b>TOTAL ADVANCE PREMIUM</b>	<b>\$ 2,619.00</b>

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

**X** \_\_\_\_\_  
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

**ADDISON INSURANCE COMPANY**

PO Box 73909, Cedar Rapids IA 52407

**POLICY NUMBER:** 60439474

ACCOUNT NUMBER: 3000241417 (2) PREMIERPRO

DIRECT BILL -

**PREMIERPRO COVERAGE PART**

ISSUE DATE 10-08-2017 BP4 REPLACEMENT OF 0304 60439474

DECLARATIONS RENEWAL EXTENSION

<b>NAMED PARKSIDE CONDOMINIUM ASSOCIATION</b> <b>INSURED C/O REMAX</b> <b>AND</b> <b>ADDRESS PO BOX 1010</b> <b>NEW CASTLE CO 81647-1010</b>	<b>AGENCY &amp; CODE 020346</b> <b>GLENWOOD INS AGENCY</b> <b>PO BOX 1270</b>  <b>GLENWOOD SPRINGS CO 81601</b>
<b>POLICY PERIOD:</b> 12:01 A.M. Standard time	<b>FROM: 12-01-2017 TO: 12-01-2018</b> 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 statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

**FORM OF BUSINESS:**  Individual  Joint Venture  Partnership  Corporation  Other

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	PREMIUM
01 01	HIRED/NON OWNED AUTO 751-773 W 24TH ST RIFLE CO 81650-3240 FRAME CONDOMINIUM-RESIDENTIAL CONDOMINIUM (ASSOCIATION RISK ONLY)		125
	BUILDING Special Causes of Loss Replacement Cost	916,000	1,502
	LIABILITY EQUIPMENT BREAKDOWN		192 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	FIRE DAMAGE (Any One Fire)	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

**AMEND REASON:**

PREMIUM FOR THIS COVERAGE PART \$ 1,819

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)

**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.*

<b><u>COVERAGE</u></b>	<b><u>AMOUNT</u></b>
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

POLICY NUMBER:

60439474

## 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.

## Other Forms

## Applicable to the state of Colorado

BP0003(07-13)	BUSINESSOWNERS COVG FORM
BP0181(03-15)	CO-CHGS
*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
BP1504(05-14)	EXCL-ACCESS OR DISCLOSURE OF INFORMATION
BP1701(07-13)	CONDO ASSOC COVG
BP7001(05-16)	PREMIERPRO PLUS END
BP7015(01-10)	HIRED AUTO & NON-OWNED AUTO LIAB
BP7022(01-10)	ABUSE OR MOLESTATION EXCL
*BP7115(08-17)	EQUIP BREAKDOWN ENHANCEMENT END
*BP7123(12-13)	PREMIERPRO COVERAGE PART DEC
BP7174(08-15)	PRIMARY & NONCONTRIBUTORY-OTHER INS CONDITION
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
*ST1893(04-17)	NOTICE-LIMITATION OF COVG TO DESIGNATED PREMISES
*UW7014(11-13)	SUMMARY OF INCLUDED COVERAGES

**ADDISON INSURANCE COMPANY**

PO Box 73909, Cedar Rapids IA 52407

**POLICY NUMBER:** 60439474

ACCOUNT NUMBER: 3000241417 OTHER LIABILITY

DIRECT BILL -

ISSUE DATE 10-08-2017 BP4 REPLACEMENT OF 0304 60439474

DECLARATIONS RENEWAL EXTENSION

1. NAMED PARKSIDE CONDOMINIUM ASSOCIATION

INSURED C/O REMAX

AND

2. MAILING PO BOX 1010

ADDRESS NEW CASTLE

CO 81647-1010

AGENCY &amp; CODE 020346

GLENWOOD INS AGENCY

PO BOX 1270

GLENWOOD SPRINGS CO

81601

3. POLICY PERIOD: 12:01 A.M. Standard time

FROM: 12-01-2017

TO: 12-01-2018

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 expire, after appropriate notices are mailed to you. An insufficient funds check is not considered payment.

CLAIMS MADE POLICY. THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. PLEASE REVIEW THE POLICY CAREFULLY.

**4. LIMITS OF LIABILITY:**

Each Claim

See coverage form(s) below

Aggregate

See coverage form(s) below

**5. DEDUCTIBLE AMOUNT:**

See coverage form(s) below

DIRECTORS AND OFFICERS

\$ 800

LIMITS OF LIABILITY

Each Claim

\$ 1,000,000

Aggregate

\$ 1,000,000

DEDUCTIBLE

\$ 1,000

Number of Units: 12

RETROACTIVE EXCLUSION CLAUSE: IT IS AGREED THIS POLICY WILL NOT PAY ON BEHALF OF THE INSURED ANY SUMS FOR WHICH THE INSURED SHALL BECOME LEGALLY OBLIGATED TO PAY IN CONNECTION WITH ANY CLAIM OR SUIT BY REASON OF ANY NEGLIGENT ACT, ERROR OR OMISSION COMMITTED OR ALLEGED TO HAVE BEEN COMMITTED PRIOR TO 12-01-2013.

Certified Acts of Terrorism Coverage

Included at No Charge for Directors and Officers

**Forms**

SEE UW7002

**AMEND REASON :**

PREMIUM FOR THIS COVERAGE PART \$ 800 MP

Endorsement Adjustment Premium \$

This Declarations Page together with any forms specified hereon, supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

**X**

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

**EO 70 01 01 00**

POLICY NUMBER:

60439474

## 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.

## Other Forms

Applicable to the state of Colorado

*EO7001(01-00)	E & O DECLARATIONS
EO7056(02-03)	DIRECTORS & OFFICERS LIAB POLICY
EO7059(04-05)	FUNGI OR BACTERIA EXCL
EO7062(01-15)	EXCL-WAR CERTIFIED ACTS OF TERRORISM & OTHER ACTS
EO7094(04-05)	EXCL-ELECTRONIC DATA FOR DIRECTORS & OFFICERS
EO7098(04-05)	AMENDATORY POLLUTION END-DIRECTORS & OFFICERS
*ST1644(01-12)	POLICY WEBSITE STUFFER