

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC
DELUXE PLAN

POLICY NO.: I-680-848D2440-COF-05
ISSUE DATE: 12-21-04

INSURING COMPANY:
THE CHARTER OAK FIRE INSURANCE COMPANY

DECLARATIONS PERIOD: From 01-01-05 to 01-01-06 12:01 A.M. Standard Time at your mailing address.

FORM OF BUSINESS: ASSOCIATION

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

BUSINESSOWNERS PROPERTY COVERAGE:	PREM. NO.	BLDG. NO.	PREM. NO.	BLDG. NO.
	01	01		

BUILDINGS:

Limit of Insurance:	\$	7,909,324	\$
Loss Adjustment Basis:			
Inflation Guard:			
Exterior Building Glass Deductible:	\$	250	\$

BUSINESS PERSONAL PROPERTY:

Limit of Insurance:	\$		\$
Loss Adjustment Basis:			
Inflation Guard:			
Exterior Building Glass:			
Exterior Building Glass Deductible:	\$		\$

BUSINESS INCOME: Limit-Actual loss up to 12 Consecutive Months

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 1,000 Per Occurrence.

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

MORTGAGE HOLDER-BUILDING COVERAGE ONLY:

SPECIAL PROVISIONS:

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





**Declarations for
Non-Profit Organization
Executive Protection and
Employment Practices Liability
Insurance Policy**

580 WALNUT STREET, CINCINNATI, OHIO 45202

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

- x • Great American Insurance Company
- American National Fire Insurance Company
- Agricultural Insurance Company
- Other _____

Policy Number: EPP5349024-02 Policy Form Number: D 9100

Item 1. Name of Organization: **Country Village HOA**

Mailing Address: **P.O. Box 262018**

City, State, Zip Code: **Littleton, CO 80163**

Attn: **c/o Premier Property**

Item 2. Policy Period: From 1/1/2005 To 1/1/2006
(Month, Day, Year) (Month, Day, Year)

(Both dates at 12:01 a.m. Standard Time at the address of the Organization as stated in Item 1)

Item 3. Limit of Liability: **\$1,000,000** Aggregate Limit of Liability for Each Policy Year

Item 4. Retention: **\$1,000** Each Claim

Item 5. Premium: **\$500.00**

Item 6. Endorsements Attached:

Non-Profit Organization Executive Protection and Employment Practices Liability Insurance Policy D 9100 (12/99)
General Limitation of Coverage Endorsement D 9500 1-2 (01/97)
Property Managers Endorsement D 9713 (01/97)
Punitive Damage Endorsement D 9713-2 (01/97)
Terrorism Coverage Endorsement D 9876 (12/02)
Terrorism Coverage Premium Disclosure D 9800-1 (02/03)
Addition of Insured Person D 9709 (01/97)
Colorado Amendatory Endorsement D 9326 (01/97)
Colorado Claims Made Disclosure Statement D 9053 (01/97)

Item 7. Notices: All notices required to be given to the Insurer under this Policy shall be addressed to:

*Great American Insurance Companies
Executive Liability Division
P.O. Box 66943
Chicago, Illinois 60666*

Item 8. Initial Coverage Date: 4/15/2003

These Declarations along with the completed and signed Proposal Form and Non-Profit Organization Executive Protection and Employment Practices Liability Insurance Policy, shall constitute the contract between the Insureds and the Insurer.

NOT REQUIRED

(Authorized Representative)

D 9102 (3/97)

NOT REQUIRED

(Countersignature Date)

Policy No.: **UM 5575106-1819**
Renewal of UMB1410877 & UMB1410866

THE PROTECTOR COMMERCIAL UMBRELLA CERTIFICATE PAGE

NAMED INSURED AND ADDRESS:

**Country Village HOA
c/o Premier Property
P.O. Box 262018
Littleton, CO 80163**

POLICY PERIOD:

2:01 A.M. Standard Time at the
address of the Named Insured
shown at left.
From: 1/1/2005 To: 1/1/2006

as a member of Distinguished Properties Umbrella Managers, Inc.

IN RETURN FOR PAYMENT OF THE
PREMIUM, AND SUBJECT TO ALL TERMS OF
THIS POLICY, WE AGREE WITH YOU TO
PROVIDE THE INSURANCE AS STATED IN
THIS POLICY.

AGENT'S NAME AND ADDRESS:

Distinguished Programs
6 East 43rd Street
New York, NY 10017

Insurance is afforded by : **GREAT AMERICAN ALLIANCE INSURANCE COMPANY**

PREMIUM:

COMMERCIAL UMBRELLA PREMIUM	\$1,000.00
PERSONAL UMBRELLA PREMIUM	\$0
TOTAL TERRORISM PREMIUM	\$1% of Commercial Premium (Included)
SERVICE CHARGE	\$0
TAXES	\$0
SURCHARGE	\$0
TOTAL	\$1,000.00

In the event of cancellation by the named Insured, the company will receive and retain no less than \$ 20% as a policy minimum premium.

BASIS OF PREMIUM: NON-AUDITABLE () AUDITABLE ()

LIMITS OF INSURANCE:	\$1,000,000	EACH OCCURRENCE
	\$1,000,000	GENERAL AGGREGATE (WHERE APPLICABLE)
	\$1,000,000	PRODUCTS-COMPLETED OPERATIONS

SELF-INSURED RETENTION: \$ NONE

FORMS AND ENDORSEMENTS: See GAI 6013, Forms and Endorsement Schedule

The benefits outlined in the foregoing are the result of the combined purchasing power of the Distinguished Properties Umbrella Managers Inc. Purchasing Group.