



**CONDOMINIUM PAC**

**A Custom Insurance Policy Prepared for:**

COUNTRY VILLAGE HOMEOWNERS  
ASSOCIATION  
% PREMIER PROPERTY MGMNT, LLC  
P.O. BOX 632018  
LITTLETON CO 80163-2018

Presented by: PELITON INSURANCE





One Tower Square, Hartford, Connecticut 06183

**COMMON POLICY DECLARATIONS**

CONDOMINIUM PAC  
BUSINESS: CONDOMINIUMS

**POLICY NO.:** I-680-848D2440-IND-07

**ISSUE DATE:** 12-11-06

**INSURING COMPANY:**

THE TRAVELERS INDEMNITY COMPANY

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

COUNTRY VILLAGE HOMEOWNERS  
ASSOCIATION  
% PREMIER PROPERTY MGMT, LLC  
P.O. BOX ~~252218~~ 632018  
LITTLETON CO 80163-2018

**2. POLICY PERIOD:** From 01-01-07 to 01-01-08 12:01 A.M. Standard Time at your mailing address.

**3. DESCRIPTION OF PREMISES:**

PREM. LOC. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	CONDOMINIUM	90-149 FRASIER & 2-86 S EVANSTON AURORA CO 80014

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

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	IND

**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
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DIRECT BILL

**7. PREMIUM SUMMARY:**

Provisional Premium	\$	15,774.00
Due at Inception	\$	
Due at Each	\$	

**NAME AND ADDRESS OF AGENT OR BROKER**

PELITON INSURANCE G8606  
4600 S ULSTER ST #1400  
DENVER CO 80237  
IL To 19 02 05 (Page 1 of 01)  
Office: DENVER DOWN

**COUNTERSIGNED BY:**

*Valerie Perrenoud*  
Authorized Representative

DATE: 2/23/07



One Tower Square, Hartford, Connecticut 06183

**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

CONDOMINIUM PAC

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INSURING COMPANY:  
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POLICY PERIOD:  
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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.

**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: \$ 1,000 per occurrence.  
Building Glass: \$ 250 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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BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01

BUILDING NO.: 01

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 8,067,510	RC*	N/A	0.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.

