

### COMMON POLICY DECLARATIONS

CONDOMINIUM PAC  
BUSINESS: CONDOMINIUMS

POLICY NO.: I-680-1153L42A-TIA-08  
ISSUE DATE: 02-19-08

### INSURING COMPANY:

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

### 1. NAMED INSURED AND MAILING ADDRESS:

PRENTICE AVE HOA  
C/O PREMIER PROPERTY MGMT, LLC  
P.O. BOX 632018  
HIGHLANDS RANCH CO 80163 2018

2. **POLICY PERIOD:** From 04-01-08 to 04-01-09 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	ALL	CONDOMINIUMS	643-651 W PRENTICE AVE LITTLETON CO 80120

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

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	TIA

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	\$	1,582.00
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:

  
\_\_\_\_\_  
Authorized Representative

DATE: 27 Mar 08



**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

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FORM OF BUSINESS: HOA

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**

OCURRENCE 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**



BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01

BUILDING NO.: ALL

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost Plus	\$ 1,433,430	RCP*	N/A	0.0%

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

