

SUMMARY OF INSURANCE

Prepared: 7/2/2015

For **Mountain View Estates HOA**
 Jim Peterson
 PO Box 883234
 Steamboat Springs, CO
 80488

Alpine Insurance Agency, Inc.
 PO Box 775128
 Steamboat Springs, CO
 80477-5128 970879-2265

Susie Jones

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
General Liability Occurrence D&O Liability General Aggregate Products/Completed Oper. Aggr. Personal & Advertising Injury Each Occurrence Damage to Rented Premises Medical Expense (Any One Person)		Travelers	6600G409714	06/15/15	06/15/16	638.00
Location 001 Building 001 Single family HOA Premium Basis: 128 (U) Unit - Per Unit	4,000,000 4,000,000 2,000,000 2,000,000 300,000 5,000					
D&O Pol for Community Assn.		Travelers	6600G409714	06/15/15	06/15/16	0.00
Liability Limit	1M/2M					



Report Claims Immediately by Calling*

1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

COMMERCIAL INSURANCE

A Custom Insurance Policy Prepared for:

MOUNTAIN VIEW ESTATES
HOMEOWNERS ASSOCIATION
PO BOX 883234
STEAMBOAT SPRINGS CO 80488

Presented by: ALPINE INSURANCE AGENCY





TRAVELERS CORP. TEL: 1-800-328-2189
CONDOMINIUM
COMMON POLICY DECLARATIONS
ISSUE DATE: 06/23/15
POLICY NUMBER: I-660-OG409714-TIL-15

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:
MOUNTAIN VIEW ESTATES
HOMEOWNERS ASSOCIATION
PO BOX 883234
STEAMBOAT SPRINGS, CO 80488

2. POLICY PERIOD: From 06/15/15 to 06/15/16 12:01 A.M. Standard Time at
your mailing address.

3. LOCATIONS
Premises Bldg.
Loc. No. No. Occupancy Address

SEE IL TO 03

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
COMMERCIAL GENERAL LIABILITY COV PART DECLARATIONS CG TO 01 11 03 TIL

5. NUMBERS OF FORMS AND ENDORSEMENTS
FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
containing its complete provisions:
Policy Policy No. Insuring Company

DIRECT BILL
7. PREMIUM SUMMARY:
Provisional Premium \$ 638
Due at Inception \$
Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER:
ALPINE INSURANCE AGENCY (XJ073)
PO BOX 775128
STEAMBOAT SPRINGS, CO 80477

COUNTERSIGNED BY:

Authorized Representative

DATE: _____



POLICY NUMBER: I-660-0G409714-TIL-15

EFFECTIVE DATE: 06-15-15

ISSUE DATE: 06-23-15

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

IL TO 02 11 89	COMMON POLICY DECLARATIONS
IL T8 01 10 93	FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
IL TO 01 01 07	COMMON POLICY CONDITIONS
IL TO 03 04 96	LOCATION SCHEDULE

COMMERCIAL GENERAL LIABILITY

CG TO 01 11 03	COML GENERAL LIABILITY COV PART DEC
CG TO 07 09 87	DECLARATIONS PREMIUM SCHEDULE
CG TO 08 11 03	KEY TO DECLARATIONS PREMIUM SCHEDULE
CG TO 34 11 03	TABLE OF CONTENTS
CG 00 01 10 01	COMMERCIAL GENERAL LIABILITY COV FORM
CG D2 37 11 03	EXCLUSION-REAL ESTATE DEV ACTIVITIES
CG D2 55 11 03	AMENDMENT OF COVERAGE - POLLUTION
CG D4 71 01 15	AMEND COVERAGE B - PERS & ADV INJURY
GN 00 61 02 88	ADDL INSD-HOMEOWNERS OR PROPERTY OWNERS
CG D0 28 10 91	DIR & OFFICERS LIAB END COMMUNITY ASSOC
CG D0 37 04 05	OTHER INSURANCE-ADDITIONAL INSUREDS
CG D1 86 11 03	XTEND ENDORSEMENT
CG D2 03 12 97	AMEND-NON CUMULATION OF EACH OCC
CG D4 13 04 08	AMENDMENT OF COVERAGE-COOLING-POLLUTION
CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03	AMENDMENT OF COVERAGE
CG D2 88 11 03	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 10 11	EXCLUSION - UNSOLICITED COMMUNICATION
CG D3 56 05 14	MOBILE EQUIP REDEFINED-EXCL OF VEHICLES
CG D4 21 07 08	AMEND CONTRAC LIAB EXCL-EXC TO NAMED INS
CG D6 18 10 11	EXCL-VIOLATION OF CONSUMER FIN PROT LAWS
CG D7 46 01 15	EXCL-ACCESS OR DISCL OF CONF/PERS INFO
CG D1 42 01 99	EXCLUSION-DISCRIMINATION
CG D2 42 01 02	EXCLUSION WAR
CG T4 78 02 90	EXCLUSION-ASBESTOS

INTERLINE ENDORSEMENTS

IL T3 68 01 15	FEDERAL TERRORISM RISK INS ACT DISCLOSE
IL T4 14 01 15	CAP ON LOSSES CERTIFIED ACT OF TERRORISM
IL 00 21 09 08	NUCLEAR ENERGY LIAB EXCL END-BROAD FORM
IL 01 25 11 13	COLORADO CHANGES - CIVIL UNION
IL 02 28 09 07	CO CHANGES-CANCELLATION AND NONRENEWAL

COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions:

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy or any Coverage Part by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. If the policy is cancelled, that date will become the end of the policy period. If a Coverage Part is cancelled, that date will become the end of the policy period as respects that Coverage Part only.
5. If this policy or any Coverage Part is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us as part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time

during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
 - a. Make inspections and surveys at any time;
 - b. Give you reports on the conditions we find; and
 - c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - a. Are safe or healthful; or
 - b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

1. The first Named Insured shown in the Declarations:
 - a. Is responsible for the payment of all premiums; and
 - b. Will be the payee for any return premiums we pay.
2. We compute all premiums for this policy in accordance with our rules, rates, rating plans, premiums and minimum premiums. The premium shown in the Declarations was computed based on rates and rules in effect at

LOCATION SCHEDULE

POLICY NUMBER: I-660-0G409714-TIL-15

This Schedule of Locations and Buildings applies to the Common Policy Declarations for the period
06-15-15 to 06-15-16 .

Loc. No.	Bldg. No.	Address	Occupancy
1	1	FILINGS 1,1A,2,3,4 STEAMBOAT SPRINGS, CO 80487	HOMEOWNERS ASSOCIATION



GENERAL LIABILITY





**COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS**

POLICY NO.: I-660-0G409714-TIL-15
ISSUE DATE: 06-23-15

INSURING COMPANY:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

DECLARATIONS PERIOD: From 06-15-15 to 06-15-16 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial General Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

1. COVERAGE AND LIMITS OF INSURANCE:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM	LIMITS OF INSURANCE
General Aggregate Limit (Other than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage To Premises Rented To You Limit (any one premises)	\$ 100,000
Medical Expense Limit (any one person)	\$ 5,000

2. AUDIT PERIOD: NONE

3. FORM OF BUSINESS: CORPORATION

4. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.

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



DECLARATIONS PREMIUM SCHEDULE

POLICY NUMBER: I-660-0G409714-TIL-15

This Schedule applies to the Declarations for the period of 06-15-15 to 06-15-16

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

OPN NO.	LOC/BLDG NO.	CLASS DESCRIPT/ CODE NO.	SUBLINE	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
MINIMUM PREMIUMS						
		PREM/OPS		\$140		
		LOB		\$250		
	1/ 1	HOMEOWNERS OR PROPERTY OWNERS ASSOCIATION <ASSOCIATION RISK ONLY> PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT.				
002		73801	PREM/OPS	T FLAT CHARGE		95
			NOT REQUIRED/FLAT CHARGE	FLAT CHARGE		
DIRECTORS AND OFFICERS LIABILITY						
001		73923	PREM/OPS	T EACH UNIT	128	543
COVERAGE PART TOTAL						638



*This class is subject to the prem/ops transition program.

If an "X" is entered in this box, these Declarations are completed on the Premium Schedule Extension CG T0 12.