

60535824 \*\*\*  
020346

ADDISON INSURANCE COMPANY  
P.O. Box 73909  
Cedar Rapids, IA 52407-3909  
Phone: 800-332-7977

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

1101 VILLAGE ROAD OFFICE CO

326 HIGHWAY 133 STE 290  
CARBONDALE CO 81623-1568

**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 that reads "Kevin J. Seiwanger". The signature is written in a cursive style with a prominent initial "K".

President

A handwritten signature in black ink that reads "James H. Adams". The signature is written in a cursive style with a prominent initial "J".

Secretary

**A STOCK INSURANCE COMPANY**

0304

**ADDISON INSURANCE COMPANY**

PO Box 73909, Cedar Rapids IA 52407

**POLICY NUMBER:** 60535824

ACCOUNT NUMBER:3000369217

DIRECT BILL -

ISSUE DATE 10-17-2024	GLG REPLACEMENT OF 0304	60535824	<b>POLICY SUMMARY</b>
<b>NAMED</b> 1101 VILLAGE ROAD OFFICE <b>INSURED</b> CONDOMINIUM ASSOCIATION INC <b>AND</b> <b>ADDRESS</b> 326 HIGHWAY 133 STE 290 CARBONDALE CO 81623-1568		<b>AGENCY &amp; CODE</b> 020346 GLENWOOD INS AGENCY PO BOX 1270  GLENWOOD SPRINGS CO 81601	
<b>POLICY PERIOD:</b>		<b>FROM:</b> 10-28-2024	<b>TO:</b> 10-28-2025

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**

COMMERCIAL UMBRELLA	- ADDED	\$	765.00	ADDITIONAL
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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:** 60535824

ACCOUNT NUMBER: 3000369217 (2) COMMERCIAL UMBRELLA (SB)

DIRECT BILL - 125

**COMMERCIAL LIABILITY UMBRELLA DECLARATIONS**

ISSUE DATE 10-17-2024 GLG REPLACEMENT OF 0304 60535824 DECLARATIONS

1. NAMED 1101 VILLAGE ROAD OFFICE INSURED CONDOMINIUM ASSOCIATION INC AND	AGENCY & CODE 020346 GLENWOOD INS AGENCY PO BOX 1270
2. ADDRESS 326 HIGHWAY 133 STE 290 CARBONDALE CO 81623-1568	GLENWOOD SPRINGS CO 81601
3. POLICY PERIOD: 12:01 A.M. Standard time FROM: 10-28-2024	TO: 10-28-2025 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.

4. LIMIT OF INSURANCE	
Policy Aggregate Limit	\$ 1,000,000
Self-Insured Retention	\$
Personal & Advertising Injury	\$ 1,000,000
Per Occurrence Limit	\$ 1,000,000

**5. SCHEDULE OF UNDERLYING INSURANCE**

Underlying Insurer, Policy Number, Policy Period	Type of Insurance	Limits of Liability
ADDISON INSURANCE COMPANY 0304 60535824 10/28/2024 to 10/28/2025	Commercial General Liability	General Aggregate 2,000,000 Products/Completed 2,000,000 Operations Aggregate Personal and 1,000,000 Advertising Injury Each Occurrence 1,000,000
Certified Acts of Terrorism Coverage		15

6. BUSINESS DESCRIPTION:  
FORM OF BUSINESS: CORPORATION

7. Forms SEE UW7002

**8. AMEND REASON:**

9. PREMIUM FOR THIS COVERAGE PART \$765  
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)

POLICY NUMBER:

60535824

## 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

\*CU0001(04-13) COMM LIAB UMBRELLA COVG FORM  
 \*CU0146(09-00) CO-CHGS REPRESENTATIONS/FRAUD  
 \*CU2123(02-02) NUCLEAR ENERGY LIAB EXCL END  
 \*CU2127(12-04) FUNGI/BACTERIA EXCL  
 \*CU2130(01-15) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
 \*CU2144(01-15) CONDITIONAL EXCL OF TERRORISM  
 \*CU2150(03-05) SILICA/SILICA-RELATED DUST EXCL  
 \*CU2152(12-05) TOTAL POLLUTION EXCL W/BLDG HEATING COOLING  
 \*CU2158(05-09) COMMUNICABLE DISEASE EXCL  
 \*CU2186(12-20) EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL  
 \*CU3401(04-17) CO-LIMITATION OF COVG TO DESIGNATED PREMISES  
 \*CU3423(12-20) CANNABIS EXCL W/ HEMP EXCEPTION  
 \*CU7001(01-06) COMM LIAB UMBRELLA DEC  
 \*CU7008(04-15) AMENDMENT OF LIQUOR LIAB EXCL  
 \*CU7033(01-06) EXCL-LEAD-HAZARDOUS PROPERTIES  
 \*CU7043(01-06) EXCL-UNDERGROUND STORAGE TANKS  
 \*CU7047(01-06) ABSOLUTE ASBESTOS EXCL  
 \*CU7051(01-06) AIRCRAFT OR WATERCRAFT EXCL  
 \*CU7053(01-06) SOLE AGENT  
 \*CU7057(10-06) DISCRIMINATION EXCL  
 \*CU7059(10-13) EXCL-CLAIMS-MADE COVG  
 \*CU7064(10-21) BLANKET EXCL-DESIGNATED OPERATIONS (WRAP-UP)  
 \*IL0017(11-98) COMMON POLICY CONDITIONS  
 \*IL0125(11-13) CO-CHGS-CIVIL UNION  
 \*IL0228(09-07) CO-CHGS CANCEL & NONRENEW  
 \*IL7009(04-91) AMEND END PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION  
 \*IL7105(10-14) PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO  
 \*IL7177(08-22) ABSOLUTE PFAS EXCLUSION  
 \*ST1607(01-07) CLAIMS-MADE EXCL  
 \*ST1611(08-22) NOTICE - LIQUOR LIABILITY EXCLUSION  
 \*ST1644(01-12) POLICY WEBSITE STUFFER  
 \*ST1882(06-16) NOTICE-LOCATION & PREMISES CLARIFICATION  
 \*ST1965(01-21) NOTICE TO POLICYHOLDERS-COMMUNICABLE DISEASE EXCL  
 \*UW7002(04-96) FORMS SUPPLEMENTAL DECLARATION

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **COLORADO – LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART  
**SCHEDULE**

<b>Premises:</b> AS SHOWN ON THE DEC
<b>Project Or Operation:</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** Paragraph **A.** applies unless Endorsement **CU 01 17** is attached to the Policy. If Endorsement **CU 01 17** is attached to the Policy, only Paragraph **B.** applies.

**1.** Paragraph **1.c.** under **Section I – Coverage A – Bodily Injury And Property Damage Liability** is replaced by the following:

**c.** This insurance applies to "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

- (1)** The "bodily injury" or "property damage":
  - (a)** Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
  - (b)** Arises out of the project or operation shown in the Schedule;
- (2)** The "bodily injury" or "property damage" occurs during the policy period; and

**(3)** Prior to the policy period, no insured listed under Paragraph **1.a.** of Section **II – Who Is An Insured** and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

**2.** Paragraph **1.c.** under **Section I – Coverage B – Personal And Advertising Injury Liability** is replaced by the following:

**c.** This insurance applies to "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:

- (1)** The offense arises out of your business:
  - (a)** Performed on the premises shown in the Schedule; or

(b) In connection with the project or operation shown in the Schedule; and

(2) The offense was committed during the policy period.

However, with respect to Paragraph 1.c.(1)(a) of this Insuring Agreement, if the "personal and advertising injury" is caused by:

(1) False arrest, detention or imprisonment; or

(2) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

**B.** If Endorsement **CU 01 17** is attached to the Policy, Paragraphs **A.** and **B.** of Endorsement **CU 01 17** are replaced by the following:

**A.** Paragraphs 1.c., 1.d., 1.e. and 1.f. of **Section I – Coverage A – Bodily Injury And Property Damage Liability** are replaced by the following:

c. This insurance applies to "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

(1) The "bodily injury" or "property damage":

(a) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or

(b) Arises out of the project or operation shown in the Schedule;

(2) The "bodily injury" or "property damage" did not occur before the Retroactive Date, if any, shown in the Declarations of the "underlying insurance" or after the end of the policy period; and

(3) A claim for damages because of the "bodily injury" or "property damage" is first made against any insured, in accordance with Paragraph 1.d. of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Extended Reporting Periods.

d. A claim by a person or organization seeking damages will be deemed to have been made at the earlier of the following times:

(1) When notice of such claim is received and recorded by any insured or by the "underlying insurer" or us, whichever comes first; or

(2) When we make settlement in accordance with Paragraph 1.a. of this Insuring Agreement, or settlement is made by the "underlying insurer" with our agreement.

e. All claims for damages because of "bodily injury" to the same person, including damages claimed by any person or organization for care, loss of services, or death resulting at any time from the "bodily injury", will be deemed to have been made at the time the first of those claims is made against any insured.

f. All claims for damages because of "property damage" causing loss to the same person or organization will be deemed to have been made at the time the first of those claims is made against any insured.

**B.** Paragraph 1.c. of **Section I – Coverage B – Personal And Advertising Injury Liability** is replaced by the following:

c. This insurance applies to "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:

(1) The offense arises out of your business:

(a) Performed on the premises shown in the Schedule; or

(b) In connection with the project or operation shown in the Schedule;

(2) The offense was not committed before the Retroactive Date, if any, shown in the Declarations of the "underlying insurance" or after the end of the policy period; and

(3) A claim for damages because of the "personal and advertising injury" is first made against any insured, in accordance with Paragraph 1.d. of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Extended Reporting Periods.

However, with respect to Paragraph **1.c.(1)(a)** of this Insuring Agreement, if the "personal and advertising injury" is caused by:

- (1)** False arrest, detention or imprisonment;  
or
- (2)** The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

## LIQUOR LIABILITY EXCLUSION ADVISORY NOTICE TO POLICYHOLDERS

This Notice is for informational purposes only. No coverage is provided by this notice nor does it amend or extend coverage. Carefully read your policy, including the Declarations page and any endorsements, for complete information on the coverage you are provided. If there is a conflict between the policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Your policy has the following exclusionary endorsement attached:

### **CU 70 08 – Amendment Of Liquor Liability Exclusion**

This endorsement clarifies that the **Commercial Liability Umbrella Coverage Part** does NOT provide liquor liability coverage if you:

- (1) Manufacture, sell or distribute alcoholic beverages
- (2) Serve or furnish alcoholic beverages for a charge
- (3) Serve or furnish alcoholic beverages without a charge, if a license is required for such activity
- (4) Permit any person to bring alcoholic beverages on your premises, for consumption on premises

If you have any questions, please contact your agent.

# Notice to Policyholders — Location and Premises Clarification

This notice does not provide you with any coverage and is intended solely as a clarification of our intent.

Wherever any reference to location is made in the Declarations, Supplemental Declarations, Coverage Forms, or endorsements that comprise this policy, that reference shall also be deemed to apply to premises, and likewise any reference to premises shall be deemed to apply to location.

*This notice is provided to you as certain documents that comprise your policy may use these terms interchangeably.*

If you have any questions regarding this notice please contact your agent.

Thank you for doing business with United Fire Group.