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

ufg INSURANCE

ADDISON INSURANCE

118 Second Avenue SE
P.O. Box 73909
Cedar Rapids, IA 52407-3909

President

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 09-30-2025 VD REPLACEMENT OF 0304 60535824

POLICY SUMMARY

NAMED INSURED AND ADDRESS
1101 VILLAGE ROAD OFFICE
CONDOMINIUM ASSOCIATION INC

326 HIGHWAY 133 STE 290
CARBONDALE CO 81623-1568

AGENCY & CODE 020346
GLENWOOD INS AGENCY
PO BOX 1270

GLENWOOD SPRINGS CO 81601

POLICY PERIOD: **FROM:** 10-28-2025 **TO:** 10-28-2026

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 GENERAL LIABILITY	$ 758.00
COMMERCIAL PROPERTY	$ 8,171.00
COMMERCIAL UMBRELLA	$ 765.00
TOTAL ADVANCE PREMIUM	$ 9,694.00

This Policy Summary supersedes and replaces any preceding summary bearing the same policy number for this policy period.

X _____
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

IL 70 18 12 92

0304

ADDISON INSURANCE COMPANY
PO Box 73909, Cedar Rapids IA 52407

POLICY NUMBER: 60535824

ACCOUNT NUMBER:3000369217
DIRECT BILL -

ISSUE DATE 09-30-2025 VD REPLACEMENT OF 0304 60535824 **POLICY SUMMARY**

NAMED INSURED AND ADDRESS
1101 VILLAGE ROAD OFFICE
CONDOMINIUM ASSOCIATION INC

326 HIGHWAY 133 STE 290
CARBONDALE CO 81623-1568

AGENCY & CODE 020346
GLENWOOD INS AGENCY
PO BOX 1270

GLENWOOD SPRINGS CO 81601

POLICY PERIOD: **FROM:** 10-28-2025 **TO:** 10-28-2026

We will provide the insurance described in this policy in retrum for the premum 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 terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment. The insurance afforded under any coverage part set forth below 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.

COVERAGE		LIMIT
INTERNET SECURITY & PRIVACY	500 Ded	25,000
The Premium for this Coverage is shown on the (2) COMMERCIAL GENERAL LIABILITY Declaration.		
Standard Protection		
Endorsement Period 10/28/2025 to 10/28/2026		
Claims expense is inside limit of liability.		
ONLINE BANKING THEFT	250 Ded	25,000
The Premium for this Coverage is shown on the (2) COMMERCIAL GENERAL LIABILITY Declaration.		
Endorsement Period 10/28/2025 to 10/28/2026		
Retroactive Date 10/28/2022		
This is a claims made coverage.		

This Additional Coverages Declaration provides information for coverages endorsed on to a specific coverage line. Please refer to the coverage line indicated above for a copy of the endorsement.

X _____
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

UW 17 92 07 14

ADDISON INSURANCE COMPANY
PO Box 73909, Cedar Rapids IA 52407

POLICY NUMBER: 60535824

ACCOUNT NUMBER:3000369217 (2) COMMERCIAL GENERAL LIABILITY (SB)
DIRECT BILL - 150

COMMERCIAL GENERAL LIABILITY COVERAGE PART

ISSUE DATE 09-30-2025 VD REPLACEMENT OF 0304 60535824 **DECLARATIONS** RENEWAL EXTENSION

NAMED INSURED AND ADDRESS
1101 VILLAGE ROAD OFFICE
CONDOMINIUM ASSOCIATION INC
326 HIGHWAY 133 STE 290
CARBONDALE CO 81623-1568

AGENCY & CODE 020346
GLENWOOD INS AGENCY
PO BOX 1270
GLENWOOD SPRINGS CO 81601

POLICY PERIOD: **FROM:** 10-28-2025 12:01 AM **TO:** 10-28-2026 12:01 AM
At the named insured's mailing address shown above. 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 terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	$ 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

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)
NONE

BUSINESS DESCRIPTION LRO BUILDING OWNER
FORM OF BUSINESS: ___ Individual ___ Joint Venture ___ Partnership _X_ Corporation _____ Other _____

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates Pr/CO	Rates All Other	Advance Premiums Pr/CO	Advance Premiums All Other
CO LOC# 01 1101 VILLAGE RD CARBONDALE, CO 81623-2518						
CONDOMINIUMS-COMMERCIAL (ASSOC RISK ONLY) 62000A)	INCL PR/CO 38					
		INCL	31.393	INCL		600MP
INTERNET SECURITY & PRIVACY See UW1792 for Coverage Information						85
ONLINE BANKING THEFT						58
CONTINUED ON CG7004						

PREMIUM BASIS DEFINITIONS a) Area per 1000 sq ft; c) Total Cost per $1000; g) Gallons per 1000; m) Admissions per 1000; p) Payroll per $1000; s) Gross Sales per $1000; t) Defined Above; u) Units per unit

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
SEE UW7002			

Other Forms SEE UW7002
Amend Reason

PREMIUM FOR THIS COVERAGE PART $ 758
Endorsement Adjustment Premium $

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CG 70 01 03 23

POLICY NUMBER: 60535824

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates Pr/CO	Rates All Other	Advance Premiums Pr/CO	Advance Premiums All Other
See UW1792 for Coverage Information						
Certified Acts of Terrorism Coverage						15

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

CG0001(04-13)	COMM GENERAL LIAB COVG FORM
*CG0069(12-23)	EXCL-VIOLATION OF LAW ADDRESSING DATA PRIVACY
CG2106(05-14)	EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL
CG2132-(05-09)	COMMUNICABLE DISEASE EXCL
*CG2144(04-17)	LIMITATION OF COVG TO DESIGNATED PREMISES PROJECT
CG2147(12-07)	EMPLOYMENT-RELATED PRACTICES EXCL
CG2150(04-13)	AMENDMENT OF LIQUOR LIAB EXCLUSION
CG2165-(12-04)	TOTAL POLLUTION EXCL W/BLDG HEATING COOLING
CG2167(12-04)	FUNGI/BACTERIA EXCL
CG2170(01-15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187(01-15)	CONDITIONAL EXCL OF TERRORISM
CG2196(03-05)	SILICA/SILICA-RELATED DUST EXCL
CG2279(04-13)	EXCL-CONTRACTORS-PROFESSIONAL LIAB
CG4015(12-20)	CANNABIS EXCL WITH HEMP EXCEPTION
*CG7001(03-23)	COMMERCIAL GENERAL LIABILITY COVERAGE PART
*CG7004(02-05)	COMM GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS
CG7079(02-99)	DISCRIMINATION EXCL
CG7165(10-21)	BLANKET EXCL-DESIGNATED OPERATIONS (WRAP-UP)
CG7296(03-19)	MULTIPLE LIAB COVGS LIMITATION
IL0017(11-98)	COMMON POLICY CONDITIONS
IL0021(09-08)	NUCLEAR ENERGY LIAB EXCL END
IL0125(11-13)	CO-CHGS-CIVIL UNIONS
IL0228(09-07)	CO-CHGS CANCEL & NONRENEW
IL7009-(04-91)	AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7095(01-20)	INTERNET SECURITY & PRIVACY INSURANCE END
IL7105(10-14)	PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO
IL7147(01-20)	ONLINE BANKING THEFT INSURANCE END
IL7177(08-22)	ABSOLUTE PFAS EXCLUSION
*ST1644-(01-12)	POLICY WEBSITE STUFFER
*ST1657(07-09)	NOTICE-BLANKET EXCL DESIGNATED OPERATIONS(WRAP-UP)
*ST1813(01-20)	IMPORTANT NOTICE-INTERNET SECURITY & PRIVACY
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION
*ST1965(01-21)	NOTICE TO POLICYHOLDERS-COMMUNICABLE DISEASE EXCL
*ST2003(11-21)	NOTICE OF PREM AUDIT NONCOMPLIANCE CHARGE
*ST2182(12-23)	NOTICE-COMM GEN LIAB-EXCL-VIOLATION OF LAW ADDRESS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

A. If this endorsement is attached to Commercial General Liability Coverage Form **CG 00 01,** the provisions under this Paragraph **A.** apply:

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

b. 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.** 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.b.** under **Section I – Coverage B – Personal And Advertising Injury Liability** is replaced by the following:

b. 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.b.(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.

3. Paragraph **1.a.** under **Section I – Coverage C – Medical Payments** is replaced by the following:

a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":

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

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

provided that:

(a) The accident takes place during the policy period;

(b) The expenses are incurred and reported to us within one year of the date of the accident; and

(c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

B. If this endorsement is attached to Commercial General Liability Coverage Form **CG 00 02,** the provisions under this Paragraph **B.** apply:

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

b. 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 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.c.** of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Section **V** – Extended Reporting Periods.

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

b. 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 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.c.** of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Section **V –** Extended Reporting Periods.

However, with respect to Paragraph **1.b.(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.

3. Paragraph **1.a.** under **Section I – Coverage C – Medical Payments** is replaced by the following:

a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":

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

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

provided that:

(a) The accident takes place during the policy period;

(b) The expenses are incurred and reported to us within one year of the date of the accident; and

(c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

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.

ADDISON INSURANCE COMPANY
PO Box 73909, Cedar Rapids IA 52407

POLICY NUMBER: 60535824

ACCOUNT NUMBER:3000369217 (2) COMMERCIAL PROPERTY (SB)
DIRECT BILL - 150

COMMERCIAL PROPERTY COVERAGE PART

ISSUE DATE 09-30-2025 VD REPLACEMENT OF 0304 60535824 DECLARATIONS RENEWAL EXTENSION

NAMED INSURED AND ADDRESS
1101 VILLAGE ROAD OFFICE
CONDOMINIUM ASSOCIATION INC
326 HIGHWAY 133 STE 290
CARBONDALE CO 81623-1568

AGENCY & CODE 020346
GLENWOOD INS AGENCY
PO BOX 1270
GLENWOOD SPRINGS CO 81601

POLICY PERIOD: FROM: 10-28-2025 12:01 AM TO: 10-28-2026 12:01 AM
At the named insured's mailing address shown above. 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 terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	RATE	PREMIUM
	EQUIPMENT BREAKDOWN			312
	ULTRA PROPERTY PLUS			1,006
	BUSINESS INCOME INCL RENTAL VALUE-WITH EE	250,000		Incl
	WATER BACKUP	50,000		Incl
01 01	1101 VILLAGE RD CARBONDALE CO 81623-2518 FRAME NON-GOVERNMENTAL OFFICES			
	BUILDING	8,682,552	.077	6,686
	Special Causes of Loss 10,000 Ded			
	Replacement Cost 100% Coins			
	Automatic Valuation Adjustment			
	YOUR BUSINESS PERSONAL PROPERTY	1,300	.335	5
	Special Causes of Loss 10,000 Ded			
	Replacement Cost 100% Coins			
	8% Inflation Guard			
	Certified Acts of Terrorism Coverage			160

ABBREVIATIONS: BLDG=BUILDING COINS=COINSURANCE DED=DEDUCTIBLE INCL=INCLUDED PREM=PREMISES

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

Other Forms SEE UW7002

AMEND REASON:

PREMIUM FOR THIS COVERAGE PART $8,169 + 2.00 OTHER CHARGES = 8,171.00 TOTAL
Endorsement Adjustment Premium $

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CP 70 01 03 23

POLICY NUMBER: 60535824

OTHER CHARGES SUMMARY

	PREMIUM
COLORADO HAZARD MITIGATION FEE	2

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

CP0017(10-12)	CONDO ASSOC COVG FORM
CP0090(07-88)	COMM PROP CONDITIONS
CP0140(07-06)	EXCL OF LOSS DUE TO VIRUS/BACTERIA
CP1030(09-17)	CAUSES OF LOSS-SPECIAL FORM
CP1075(12-20)	CYBER INCIDENT EXCLUSION
*CP7001(03-23)	COMM PROP DEC
CP7003(11-86)	AUTOMATIC VALUATION ADJUSTMENT-APPLIES TO BLDG
CP7067(08-17)	EQUIP BREAKDOWN ENHANCEMENT END
CP7088(09-14)	ULTRA PROP PLUS
CP9904(12-19)	EXCL-CANNABIS WITH HEMP EXCEPTION
IL0017(11-98)	COMMON POLICY CONDITIONS
IL0169(09-07)	CO-CHGS CONCEALMENT MISREPRESENTATION/FRAUD
IL0228(09-07)	CO-CHGS CANCEL & NONRENEW
IL0952(01-15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0995(01-07)	CONDITIONAL EXCL OF TERRORISM
IL7083(08-10)	PAYMENT OF LOSSES
*ST0013(05-08)	EQUIPMENT BREAKDOWN STUFFER
*ST1644-(01-12)	POLICY WEBSITE STUFFER
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION
*ST1943(01-20)	IMPORTANT NOTICE-IDENTITY THEFT 911
*UW7024(06-15)	OTHER CHARGES SUMMARY

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.

0304

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 09-30-2025 VD REPLACEMENT OF 0304 60535824 DECLARATIONS RENEWAL EXTENSION

1. NAMED INSURED AND
2. ADDRESS
1101 VILLAGE ROAD OFFICE
CONDOMINIUM ASSOCIATION INC
326 HIGHWAY 133 STE 290
CARBONDALE CO 81623-1568

AGENCY & CODE 020346
GLENWOOD INS AGENCY
PO BOX 1270
GLENWOOD SPRINGS CO 81601

3. POLICY PERIOD: 12:01 A.M. Standard time FROM: 10-28-2025 TO: 10-28-2026
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 10/28/2025 to 10/28/2026	Commercial General Liability	General Aggregate Products/Completed Operations Aggregate Personal and Advertising Injury Each Occurrence	2,000,000 2,000,000 1,000,000 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)

CU 70 01 0106

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
*CU0005(12-23)	EXCL-VIOLATION OF LAW ADDRESSING DATA PRIVACY
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 CERTIFED 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
*ST2183(12-23)	NOTICE-COMM UMBRELLA-EXCL-VIOLATION OF LAW ADDRESS

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

Premises: AS SHOWN ON THE DEC
Project Or Operation:
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.