



State Farm Fire and Casualty Company  
Home Office, Bloomington, IL 61710

## Commercial Liability Umbrella Application

Agent's Name	<b>Derron C Cloud</b>
Agent's Code	<b>06-0002</b>
Policy Number	<b>96-ER-N109-0 F</b>

<input checked="" type="radio"/> New <input type="radio"/> Rew. <input type="radio"/> Ren.	Effective Date <b>07-12-2022</b>	Expiration Date <b>07-12-2023</b>	Term <b>12 Months</b>
--	-------------------------------------	--------------------------------------	--------------------------

### Applicant

NAME	Last Name <b>BASALT VISTA HOUSING PARTNERSHIP TOWNHO</b>	First Name	Middle Name or Initial
	Co-applicant's Last Name <b>BASALT VISTA HOMEOWNERS ASSOCIATION</b>	First Name	Middle Name or Initial

DBA

The named applicant is: **Homeowners Association**

Email Address	Website Address
Home Phone ext.	Business Phone ext.
Cell Phone ext.	Fax Number ext.

Attention, In care of, subdivision, or other **ATTN: SILVER MNTN PROPTY**

Number and Street	City	State	ZIP Code
Mailing address <b>326 HIGHWAY 133 STE 120</b>	<b>CARBONDALE</b>	<b>CO</b>	<b>81623-1568</b>
County			
<b>Pitkin</b>			

### Underwriting

List all affiliated companies (foreign and domestic) in which the applicant has a majority interest (50% or more). Complete a separate application for each company if coverage is desired under the same policy.

Company Name	Principal Location	States or Countries in Which Operating

Fully describe the applicant's entire scope of business activities on and off premises:

**Residential Condo Association**

Are all the applicant's properties and operations covered by State Farm policy/policies? ☒ Yes ☐ No

If no, DO NOT BIND and explain:

Number of years in business **2**

What products have been or will be installed, constructed or repaired away from the premises?

What service does the applicant perform?

If a franchise - Is State Farm a Preferred Provider? ☐ Yes ☐ No Franchise name or PPA number

Estimated annual rental income \$ **0** Estimated annual non-rental gross receipts \$ **120,000**

Annual payroll \$ Annual payments to subcontractors \$

Does the applicant own property or at any time reside outside the United States or Canada? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>			
If yes, <b>DO NOT BIND</b> and explain:			
Does the applicant own property, autos, or watercraft in any other state or province? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>			
If yes, explain:			
Does the applicant own, rent, lease, or borrow aircraft for business use? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>			
If yes, explain:			
Has any insurer or agency canceled or refused to issue or renew similar insurance in the past 5 years? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>			
If yes, explain:			
Has the applicant had any liability claims, including auto, insured or not, in the past 5 years? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>			
Are all auto and other liability claims on file with State Farm? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
Provide 5 year loss history documentation from prior carrier.			
Date of Loss	Type of Liability Loss (including auto)	Total Amount of Loss	Insurance Company (Policy Number, if available)
		\$	
Does the applicant meet all eligibility and binding requirements shown in the Underwriting Guide? <span style="float: right;"><input checked="" type="radio"/> Yes <input type="radio"/> No</span>			
If no, <b>DO NOT BIND</b> and explain:			
Number of tanning booths, beds, or electronically operated exercise machines			
<b>Trucks Only</b>			
Are inflammables, chemicals, toxics, or explosives hauled? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
Are trucks operated beyond a 200 mile radius? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
If yes, give radius, frequency, and purpose			
<b>Professional Liability Only</b>			
Has the applicant, the applicant's firm, or any predecessor in business been involved in litigation or received any notices of claim as respects injury or damage arising out of practice in the profession listed hereon? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
Does the applicant prescribe drugs (if applicable)? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
If yes, explain:			
Has any governmental agency (State or Federal) taken any legal action which resulted in the revocation or suspension of the applicant's license to practice or has any such revocation or suspension been stayed subject to probationary terms? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
<b>Religious Organization Only</b>			
Does the religious organization operate any day schools or nurseries? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			If yes, how many children/pupils are cared for?
Camps:	How many?	Number of sailboats/ inboard motor boats	Number of outboard motor boats
			Number of saddle animals

<b>Limit of Insurance Requested</b>												
<b>Limit of Liability:</b> Each occurrence and Aggregate Limit    \$ <b>5,000,000</b>		Self-Insured Retention \$10,000										
<b>Underlying Insurance</b>												
Is any of the underlying insurance not insured with State Farm? <input type="radio"/> Yes <input checked="" type="radio"/> No    If yes, <b>Do Not Bind</b> coverage												
Type of Insurance	Underlying Policy Limits		Insurance Company and Policy Number (If State Farm, give policy number only)	Effective Date								
Automobile Liability <input checked="" type="checkbox"/> Exclude	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Each Person</th> <th style="width: 50%; text-align: center;">Each Accident</th> </tr> <tr> <td style="padding: 2px;">Bodily Injury/ Personal Liability \$</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Property Damage</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">Single Limit</td> <td style="padding: 2px;">\$</td> </tr> </table>	Each Person	Each Accident	Bodily Injury/ Personal Liability \$	\$	Property Damage	\$	Single Limit	\$			
Each Person	Each Accident											
Bodily Injury/ Personal Liability \$	\$											
Property Damage	\$											
Single Limit	\$											
State Farm Policy	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Type of Policy</th> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">Each Occurrence</td> <td style="padding: 2px;">Aggregate</td> </tr> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px;">\$</td> </tr> </table>		Type of Policy				Each Occurrence	Aggregate	\$	\$		
Type of Policy												
Each Occurrence	Aggregate											
\$	\$											
Other Liability Coverage <input type="radio"/> With Products/Completed Operations Liability  <input type="radio"/> Without Products/Completed Operations Liability	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Type of Liability Coverage</th> </tr> <tr> <td style="padding: 2px;">Each Occurrence</td> <td style="padding: 2px;">Aggregate</td> </tr> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px;">\$</td> </tr> </table>		Type of Liability Coverage		Each Occurrence	Aggregate	\$	\$				
Type of Liability Coverage												
Each Occurrence	Aggregate											
\$	\$											
Employers Liability <input checked="" type="checkbox"/> Exclude	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Bodily Injury by accident \$</td> <td style="padding: 2px;">Each Accident</td> </tr> <tr> <td style="padding: 2px;">Bodily Injury by disease \$</td> <td style="padding: 2px;">Each Employee</td> </tr> <tr> <td style="padding: 2px;">Bodily Injury by disease \$</td> <td style="padding: 2px;">Policy Limit</td> </tr> </table>		Bodily Injury by accident \$	Each Accident	Bodily Injury by disease \$	Each Employee	Bodily Injury by disease \$	Policy Limit				
Bodily Injury by accident \$	Each Accident											
Bodily Injury by disease \$	Each Employee											
Bodily Injury by disease \$	Policy Limit											
Professional Liability <input type="checkbox"/> Excess Professional Liability (if available)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Each Occurrence</td> <td style="padding: 2px;">Aggregate</td> </tr> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px;">\$</td> </tr> </table>		Each Occurrence	Aggregate	\$	\$						
Each Occurrence	Aggregate											
\$	\$											
<b>Premium Computation</b>												
1. Base Premium \$												
2. Program	Basis of Premium		Number of Locations	Basic Rate Occupancy Charges								
A. Residential (Apartment, Residential Community, RDP, RCUP) and Commercial Condominium	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Number of Units</th> <th style="width: 50%; text-align: center;">Number of Pools</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><b>27</b></td> <td style="text-align: center; padding: 2px;"><b>0</b></td> </tr> </table>	Number of Units	Number of Pools	<b>27</b>	<b>0</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Rents</th> <th style="width: 50%; text-align: center;">Receipts</th> </tr> <tr> <td style="text-align: center; padding: 2px;">\$ <b>0</b></td> <td style="text-align: center; padding: 2px;">\$ <b>0</b></td> </tr> </table>	Rents	Receipts	\$ <b>0</b>	\$ <b>0</b>	<b>1</b>	\$ <b>225</b>
Number of Units	Number of Pools											
<b>27</b>	<b>0</b>											
Rents	Receipts											
\$ <b>0</b>	\$ <b>0</b>											
B. Retail, Wholesale, Service and Professional Office				\$								
Banks/Savings and Loan (Do Not Bind)				\$								
C. Religious Organization (complete Religious Organization section)	Total Premium \$	X Factor		\$								
D. Artisan and Service Contractor Program	Section II Premium \$	X Factor		\$								
E. Business (Other), Industrial and Processing Institutional	Section II Premium \$	X Factor		\$								
F. Farm Ranch	Number of Farms	Acres per Farm		\$								



Does the applicant lease vehicles for more than 6 months? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
If yes, explain:			
Is the auto coverage in an assigned risk pool or plan? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
If yes, explain:			
Does the underlying auto policy contain any restrictions or driver exclusions? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
If yes, explain:			
Is the applicant or any employee engaged in any of the following: (1) performing or subletting any demolition or railway work; (2) working as seamen on or off vessels or installations in navigable waters; (3) any phase of nuclear energy work? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>			
If yes, explain:			
Name(s) of all Motor Vehicle Operators	Date of Birth	Operator's License Number and State of Issuance	Indicate if Relationship to Business is Owner, Employee, or Partner
<b>Additional Interests</b>			
Type		Name	
Number and Street		City	State ZIP Code
<b>Premium/Payment Information</b>		Application taken: <b>07-14-2022 09:44 AM</b>	
SFPP	Payment 1	Amount Paid \$	Payment 2
Yes No	<input type="radio"/> Cash		<input type="radio"/> Cash
<input checked="" type="radio"/> <input type="radio"/>	<input type="radio"/> Check	Check Number	<input type="radio"/> Check
<input type="radio"/> Credit Card	Reference Number	Amount Paid <b>\$ 0.00</b>	Credit from other policy <b>\$ 0.00</b>
<input type="radio"/> EFT		Balance Due <b>\$ 0.00</b>	Total Premium <b>\$ 1,298.00</b>
<b>Billing Information</b>			
Should named insured be billed for renewals? <input type="radio"/> Yes <input type="radio"/> No		<i>Renewals will be billed to the name below.</i>	
Should named insured be billed for endorsements? <input type="radio"/> Yes <input type="radio"/> No		<i>Endorsements will be billed to the name below.</i>	
<b>Applicant(s) Acknowledgement</b>			
<p>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.</p> <p>By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the minimum policy limits are in force, (4) all vehicles are insured, (5) the premium charged must comply with State Farm's rules and rates and may be revised, and (6) Traffic violation reports may be obtained by the company named hereon on any person named as a driver of the insured motor vehicle at any time.</p>			

USE OF CONSUMER REPORTS - A consumer report may be requested in connection with this application.

**Remarks**