

## Truck Insurance Exchange (A Reciprocal Insurer)

 $Member\ Of\ The\ Farmers\ Insurance\ Group\ Of\ Companies\ ^{\textcircled{\$}}$ 

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## **COMMON POLICY DECLARATIONS**

Named LAKE HOUSE AT TREEFARM HOA IN			F011479075-001-00001			
Insured	LAKE HOUSE AT TREE FARM			Account No.	Prod. Count	
Mailing	LAKEVIEW DR			07-50-M3N	60714-75-97	
Mailing Address	CADRONDALE CO	0 81623		Agent No.	Policy Number	
Form of	□Individual	☐ Joint Venture	Limited Liability Co.	<b>Business Descriptio</b> Condominium	n:	
Business	<b>S</b> Corporation	Partnership	X Other Organization	Condominan		
Policy	From1	1-03-2025	(not prior to time a	pplied for)		
Period				• •	e at your mailing address shown above.	
premiums	, rules and forms the	n in effect.		ium for each successive policy		
Coverage	e Parts			Premium After Discount	And Modification	
Condomi	niums Owners Polic	у		\$6,207.00		
Preferred	l Community Associ	ation Management		\$600.00		
Cyber Liability And Data Breach Expense Coverage				\$37.00		
Certified Acts Of Terrorism - See Disclosure Endorsement				Included		
		<del></del>		\$6,844.00		

**Effective Date:** 11-03-2025 **Policy Number:** 60714-75-97 Forms Applicable To 25-9230ED3 Reminder-Review Your Coverages **All Coverage Parts: Your Agent** Bryson Karren 1317 Grand Ave #200 Glenwood Sprin, CO 81601 (970) 945-0737 Countersigned (Date) By Authorized Representative

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## **Additional Fee Information**

The following additional fees apply on an account, not a per-policy, basis.

• A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Notapplicable
Florida	\$3.00
New Jersey	\$7.00
W est Virginia	\$5.00

A returned payment fee applies per check, electronic transaction or other remittance which is not honored by your
financial institution for any reason including but not limited to insufficient funds or a closed account. NOTE: If the
returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective
date set forth in the notice.

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Notapplicable

A late fee will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount
due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Notapplicable

The following applies on a per-policy basis.

• A **reinstatement fee** of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

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