

**UNITED FIRE & CASUALTY COMPANY**

PO Box 73909, Cedar Rapids, IA 52407

**POLICY NUMBER:** 60492565ACCOUNT NUMBER: 3000314303 (2) PREMIERPRO (SB)  
DIRECT BILL - 150**BUSINESSOWNERS COVERAGE PART**

ISSUE DATE 05-01-2022 MD8 REPLACEMENT OF 0104 60492565

DECLARATIONS RENEWAL EXTENSION

<b>NAMED TALISMAN POINTE TOWNHOME OWNERS INSURED ASSOCIATION AND ADDRESS 46 E RIDGE CT STE 100 BATTLEMENT MESA CO 81635-9221</b>	<b>AGENCY &amp; CODE 020535 MOUNTAIN WEST INSURANCE 100 E VICTORY WAY  CRAIG CO 81625</b>
<b>POLICY PERIOD:</b> 12:01 A.M. Standard time	<b>FROM: 05-24-2022 TO: 05-24-2023</b> 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.

**FORM OF BUSINESS:**  Individual  Joint Venture  Partnership  Corporation  Other

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	PREMIUM
	BUSINESSOWNERS ULTRA PROPERTY PLUS		169
	HIRED/NON OWNED AUTO		141
01 01	190 TALISMAN DR PAGOSA SPRINGS CO 81147-9171 FRAME CONDO-OFFICE-BOOKKEEPING SERVICES		
	BUILDING Special Causes of Loss Replacement Cost	658,400	474
	LIABILITY EQUIPMENT BREAKDOWN		185 Incl
01 02	190 TALISMAN DR CONTINUED ON BP7124		

**PROPERTY DEDUCTIBLE \$** 1,000

**PERSONAL PROPERTY INFLATION GUARD %**

**ABBREVIATIONS:** BLDG=BUILDING DED=DEDUCTIBLE PREM=PREMISES MC=MERIT CREDIT INCL = INCLUDED

**LIABILITY AND MEDICAL EXPENSE LIMITS OF INSURANCE**

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	PRODUCTS-COMPLETED OPERATIONS AGGREGATE	PERSONAL AND ADVERTISING INJURY (Per Person Or Organization)	LIABILITY AND MEDICAL EXPENSES PER OCCURRENCE	DAMAGE TO PREMISES RENTED TO YOU	MEDICAL EXPENSE (Any One Person)
\$ 2,000,000	\$ 2,000,000	\$ 1,000,000	\$ 1,000,000	\$ 100,000	\$ 5,000

**Premium Charge Forms** Advance Premium  
SEE UW7002

**Premium Charge Forms** Advance Premium

**Other Forms** SEE UW7002

**AMEND REASON:**

**PREMIUM FOR THIS COVERAGE PART** \$ 2,429  
**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)

<b>POLICY NUMBER:</b> 60492565
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### BUSINESSOWNERS COVERAGE PART SUPPLEMENTAL DECLARATIONS - PROPERTY

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	PREMIUM
01 02	CONTINUED PAGOSA SPRINGS CO 81147-9171 FRAME CONDO-OFFICE-BOOKKEEPING SERVICES		
	BUILDING	652,400	470
	Special Causes of Loss Replacement Cost		
	LIABILITY		183
	EQUIPMENT BREAKDOWN		Incl
01 03	190 TALISMAN DR PAGOSA SPRINGS CO 81147-9171 FRAME CONDO-OFFICE-BOOKKEEPING SERVICES		
	BUILDING	782,700	540
	Special Causes of Loss Replacement Cost		
	LIABILITY		219
	EQUIPMENT BREAKDOWN		Incl
	Certified Acts of Terrorism Coverage		48

**BUSINESSOWNERS - SUMMARY OF INCLUDED COVERAGES**

*The following Coverage Highlights summary is intended for reference only and is subject to change without notice. If there is any conflict between the policy and this summary, the provisions of the policy prevail. Refer to the actual policy declarations, coverage forms and endorsements for a complete description of coverage.*

<b><u>COVERAGE</u></b>	<b><u>AMOUNT</u></b>
Accounts Receivable (At the Described Premises)	\$100,000
Accounts Receivable (Not at the Described Premises)	\$25,000
Additional Insured - Managers or Lessors of Premises	Included as an Insured
Arson Reward Payment	\$5,000
Business Income	Refer to Policy
Business Income From Dependent Properties	Lesser of \$25,000 or 15 days
Business Personal Property Limit - Seasonal Increase	25%
Civil Authority	4 Weeks
Data Processing Coverage - On Premises	\$25,000
Data Processing Coverage - Off Premises	\$15,000
Debris Removal	\$50,000
Electronic Data	\$25,000
Employee Dishonesty	\$15,000
Equipment Breakdown	Refer to the Equipment Breakdown Enhancement Endorsement for details
Extended Business Income	30 Days
Extra Expense	Refer to Policy
False Pretense Coverage	\$5,000
Fine Arts	\$15,000
Fire Department Service Charge	\$15,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Forgery or Alteration	\$2,500
Fungi, Wet Rot or Dry Rot	\$15,000
Furs, Fur Garments & Garments Trimmed in Fur	\$2,500
Guests' Property	\$2,500
Interruption of Computer Operations	\$10,000
Jewelry, Watches, Precious Metals and Precious & Semi-Precious Stones	\$2,500
Key Employee (Per Replacement Employee)	\$5,000
Lock Replacement	\$1,000
Lost Key Consequential Loss	\$1,500
Money Orders & Counterfeit Money	\$10,000
Money & Securities	\$15,000
Newly Acquired or Constructed Property – Buildings	\$1,000,000
Newly Acquired or Constructed Property – Property	\$500,000
Newly Acquired Property - Increased Amount of Days	180 Days
Ordinance or Law Coverage - Coverage 1 (Loss to Undamaged Portion of Building)	Included within the building limit
Ordinance or Law Coverage - Coverage 2 (Demolition Cost)	Greater of \$50,000 or 10% of the building limit coverage
Ordinance or Law Coverage - Coverage 3 (Increased Cost of Construction)	Greater of \$50,000 or 10% of the building limit coverage
Outdoor Property	\$5,000
Outdoor Signs (Attached to Buildings)	\$10,000
Patterns, Dies, Molds and Forms	\$2,500
Personal Effects	\$15,000
Personal Property Off Premises	\$25,000
Pollutant Clean Up and Removal	\$25,000
Property In Transit	\$20,000
Security Breach & Identity Services	Included
Small Tools (Any One Employee)	\$5,000
Spoilage Due to Service Interruption	\$5,000
Stamps, Tickets, Lottery Tickets and Letters of Credit	\$500
Utility Services - Direct Damage	\$25,000
Valuable Papers and Records (At the Described Premises)	\$50,000
Valuable Papers and Records (Not at the Described Premises)	\$25,000
Water Back-Up and Sump Overflow	\$25,000

POLICY NUMBER:

60492565

## 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

BP0003(07-13)	BUSINESSOWNERS COVG FORM
BP0181(03-15)	CO-CHGS
*BP0412(04-17)	LIMITATION OF COVG TO DESIGNATED PREMISES/PROJECT
BP0417(01-10)	EMPLOYMENT-RELATED PRACTICES EXCL
BP0483(01-10)	REMOVAL OF INSURANCE-TO-VALUE PROVISION
BP0493-(01-06)	TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION
BP0517(01-06)	EXCL-SILICA OR SILICA RELATED DUST
BP0523(01-15)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP0564(01-15)	CONDITIONAL EXCL OF TERRORISM
BP0577(01-06)	FUNGI/BACTERIA EXCL
BP0598(07-13)	AMENDMENT OF INSURED CONTRACT DEFINITION
BP1486-(07-13)	COMMUNICABLE DISEASE EXCL
BP1504(05-14)	EXCL-ACCESS OR DISCLOSURE OF INFORMATION
BP1531(09-19)	CANNABIS PROP EXCL W/ HEMP EXCEPTION
BP1533(09-19)	CANNABIS LIAB EXCL W/HEMP EXCEPTION
*BP1560(02-21)	CYBER INCIDENT EXCLUSION
BP7015(01-10)	HIRED AUTO & NON-OWNED AUTO LIAB
BP7022(01-10)	ABUSE OR MOLESTATION EXCL
BP7115(08-17)	EQUIP BREAKDOWN ENHANCEMENT END
*BP7123(11-17)	BUSINESSOWNERS COVG PART
*BP7124(11-17)	BUSINESSOWNERS COVG PART SUPPLEMENTAL DEC-PROPERTY
BP7155(11-17)	BUSINESSOWNERS ULTRA PROP PLUS END
BP7174(08-15)	PRIMARY & NONCONTRIBUTORY-OTHER INS CONDITION
BP7199(03-19)	MULTIPLE LIABILITY COVGS LIMITATION
IL7009-(04-91)	AMEND ENDORSEMENT PUNITIVE/EXEMPLARY DAMAGES EXCL
*IL7057(01-10)	WINDSTORM OR HAIL DED
IL7068(01-10)	EXCL-LEAD-HAZARDOUS PROPERTIES
IL7069(01-10)	EXCL-UNDERGROUND STORAGE TANKS
IL7070(09-12)	ABSOLUTE ASBESTOS EXCL
IL7083(08-10)	PAYMENT OF LOSSES
*ST1644(01-12)	POLICY WEBSITE STUFFER
*ST1882(06-16)	NOTICE-LOCATION & PREMISES CLARIFICATION
*ST1943(01-20)	IMPORTANT NOTICE-IDENTITY THEFT 911
*ST1965(01-21)	NOTICE TO POLICYHOLDERS-COMMUNICABLE DISEASE EXCL
*ST1970(02-21)	CYBER INCIDENT EXCLUSION END
*ST2003(11-21)	NOTICE OF PREM AUDIT NONCOMPLIANCE CHARGE
*UW7021(11-13)	SUMMARY OF INCLUDED COVERAGES