



NOTICE: BROADENED AND REDUCED COVERAGE GENERAL LIABILITY AND UMBRELLA MULTISTATE ENDORSEMENT REVISION

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

The areas within the policy that broaden or reduce coverage or constitute other changes are highlighted below. This notice does not reference every editorial change made in your policy.

The material in this Notice refers to form and endorsement numbers; **however, not all forms and endorsements are included in a particular policy.**

BROADENING IN COVERAGE

CU 04 03 Employee Benefits Liability Coverage

This endorsement is revised to state, in part, that "our obligation to pay damages on behalf of the insured applies only to the amount of 'ultimate net loss' in excess of the 'retained limit' shown in the Schedule of this endorsement". The definition of "retained limit", as it applies in this endorsement, will mean the available limits of "underlying insurance" shown in the Schedule of this endorsement as Retained Limit. The definition of "employee benefit program" is revised to include any similar benefit program specified in any underlying insurance. When this endorsement is attached to your policy, there is no impact as a result of the addition of the retained limit definition, as it generally reinforces the language presently in the endorsement. However, with respect to the revision of the employee benefit program definition, if any underlying insurance benefit plan was not already designated in the Schedule of this endorsement or added thereto by endorsement, it may result in a broadening of coverage.

REDUCTION IN COVERAGE

CG 20 11 Additional Insured - Managers Or Lessors Of Premises

CG 20 24 Additional Insured - Owners Or Other Interests From Whom Land Has Been Leased

These endorsements have been revised to delete "arising out of" and add specific language that provides an additional insured with coverage for their vicarious or contributory negligence only. When these endorsements are attached to your policy, there may be a reduction in coverage for those states in which:

- Named insureds are permitted to contractually hold harmless an additional insured for that additional insured's sole negligence; and
- Courts have enabled coverage for the sole negligence of the additional insured.

BROADENING OR REDUCTION IN COVERAGE

CG 20 17 Additional Insured - Unit-owners Of Townhouse Or Homeowner Associations

This endorsement is revised to include unit-owners of homeowner associations. In addition, a provision is added to address restriction of coverage to the unit-owner for liability arising out of maintenance, use or repair of a portion of the premises (common area) that is reserved for the unit-owner's exclusive use or occupancy, *e.g.*, assigned parking area, garden plot, storage closets or lockers.

With respect to unit-owners of homeowner associations, this represents a broadening of coverage. With respect to unit-owners of townhouse associations, the provision restricting additional insured status for a unit owner's liability arising out of the ownership, maintenance, use or repair of that portion of the premises which is reserved for the unit-owner's exclusive use or occupancy may be a reduction in coverage.

CG 21 31 Limited Exclusion - Designated Operations Covered By A Controlled (Wrap-up) Insurance Program

This endorsement is revised to add a definition of "controlled (wrap-up) insurance program" and revise Paragraph **A.** to emphasize the application of the exclusion to bodily injury and property damage arising out of ongoing operations as well as included within the products-completed operations hazard at the location(s) described in the Schedule. The attachment of this endorsement may result in a reduction of coverage, unless:

- If this endorsement replaces the previous version **CG 21 31** on a policy, it may result in a broadening of coverage.
- If this endorsement replaces **CG 21 54 Exclusion - Designated Operations Covered By A Controlled (Wrap-up) Insurance Program** on a policy, it will result in a broadening of coverage.

CG 21 54 Exclusion - Designated Operations Covered By A Controlled (Wrap-up) Insurance Program

This endorsement is revised to add a definition of "controlled (wrap-up) insurance program" and revise Paragraph **A.** to emphasize the application of the exclusion to bodily injury and property damage arising out of ongoing operations as well as included within the products-completed operations hazard at the location(s) described in the Schedule. The attachment of this endorsement may result in a reduction of coverage, unless if this endorsement replaces the previous version of **CG 21 54** on a policy, it may result in a broadening of coverage.

CG 22 36 Exclusion - Limited Products And Professional Services - Pharmacists

This endorsement has been revised to limit the products/completed operations hazard exclusion to apply only to bodily injury or property damage arising out of the insured's products dispensed or sold in connection with the pharmacist's services, *e.g.*, prescription drugs. If the attachment of this endorsement replaces the prior version of **CG 22 36**, it may result in a broadening of coverage. The attachment of this endorsement to a policy not containing the prior version of **CG 22 36** results in a reduction of coverage.

CG 22 69 Pharmacists

This endorsement is revised to:

- Generally, address state or federal laws affecting the professional services provided by pharmacists;
- Amend the exclusion for willful violation of a penal statute or ordinance to apply to the willful violation of applicable state or federal laws governing pharmacists, not just sales of pharmaceuticals;
- Amend the exclusion for certain specific services performed by a pharmacist to apply to all tests, not just blood tests;
- Remove managing drug therapy from the exclusion for certain specific services performed by a pharmacist; and
- Other editorial changes.

With respect to removal of managing drug therapy from the exclusion of certain specified services, this change may be considered a broadening in coverage. With respect to the amendment to the willful violation exclusion and the amendment to the exclusion for certain specified services related to tests, these changes may result in a reduction of coverage. Other changes have no impact on coverage.

REINFORCEMENT IN COVERAGE

CG 21 01 Exclusion - Athletic Or Sports Participants

CG 21 41 Exclusion - Intercompany Products Suits

This endorsement is revised to include the term "suit" within the endorsement, for consistency with language used in the new cross suits liability exclusion endorsements and is a clarification of coverage intent.

CG 22 65 Optical And Hearing Aid Establishments

This endorsement is revised to replace "including" with "the following" in the Insuring Agreement provision and other editorial revisions. This is a reinforcement of coverage intent and has no impact on coverage.

CG 22 71 Colleges Or Schools (Limited Form)

CG 22 72 Colleges Or Schools

These endorsements are revised:

- So that negligent supervision-related language will apply to the participation or practicing of any sports or athletic contests; and
- To replace "while" with "arising out of" in relation to the phrase "practicing for or participating in" to reinforce that injuries can be revealed at a time later than the related practice or participation.

These revisions are a reinforcement of original coverage intent and have no impact on coverage.

CU 21 01 Exclusion - Athletic Or Sports Participants

This endorsement is revised:

- So that negligent supervision-related language will apply to the participation or practicing of any sports or athletic contests; and
- To replace "while" with "arising out of" in relation to the phrase "practicing for or participating in" to reinforce that injuries can be revealed at a time later than the related practice or participation.

These revisions are a reinforcement of original coverage intent and have no impact on coverage.

CU 22 18 Optical And Hearing Aid Establishments

This endorsement is revised to replace "including" with "the following" in the **Insuring Agreement** provision and other editorial revisions. This is a reinforcement of coverage intent and has no impact on coverage.

CU 22 21 Colleges Or Schools

This endorsement is revised:

- So that negligent supervision-related language will apply to the participation or practicing of any sports or athletic contests; and
- To replace "while" with "arising out of" in relation to the phrase "practicing for or participating in" to reinforce that injuries can be revealed at a time later than the related practice or participation. These revisions are a reinforcement of original coverage intent and have no impact on coverage.

CU 24 36 Products-Completed Operations Aggregate Limit Of Insurance

These endorsements are revised to include a non-concurrency provision regarding underlying insurance written on a claims-made basis. These changes reinforce coverage intent consistent with the limits of insurance provisions of the Commercial Liability Umbrella Coverage Form.



IMPORTANT NOTICE TO OUR POLICYHOLDERS

Westfield Insurance Fraud Hot-Line

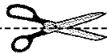
PLEASE READ THIS IMPORTANT INFORMATION

- Fraudulent insurance claims cost us all money.
- Call us if you have information concerning a fraudulent insurance claim.
- All information will be kept confidential.
- Call and discuss your information with a trained investigator, or leave the information anonymously on a telephone answering machine.
- We can all help fight insurance fraud.

AD 8522 (08-10)

**Be a Fraud Buster
1-800-654-6482**

Detach and retain information below for future use.



**Fraud Hot-Line
1-800-654-6482**



**Westfield Center, Ohio 44251
www.westfieldinsurance.com**



**Fraud Hot-Line
1-800-654-6482**



**Westfield Center, Ohio 44251
www.westfieldinsurance.com**

THIS NOTICE DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY SHALL PREVAIL.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE and PREMIUM

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

PREMIUM CHARGED

During your current policy period, the portion, if any, of your premium that is attributable to coverage for acts of terrorism as defined in the Act is \$_____ (refer to Common Policy Declarations if blank).

If you do not desire the coverage for acts of terrorism as defined in the Act, as amended, you may reject the coverage and instruct the insurance company to remove it and refund the premium described above. **To reject the coverage, you must:**

- 1) advise the insurance company by letter (on your company letterhead),
- 2) signed by the owner, representative, or properly designated official of the named insured.

The insurance company must receive your letter within 60 days from the date shown at the bottom right side of the forms titled "Common Policy Declarations". Please refer to "Common Policy Declarations" for the mailing address of the insurance company.

If your policy premium is \$500, that may represent a minimum premium. In that case, the portion that is attributable to acts of terrorism as defined in the Act, as amended, may be included within that minimum and your total premium will not be reduced if you reject coverage for acts of terrorism. The minimum premium will still apply.

Should you have any question regarding this notice, please contact your insurance agent.

WATER EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsement). If there is any conflict between this Notice and the policy (including its endorsements), **the provisions of the policy (including its endorsements) shall prevail.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement, which applies to your new or renewal policy being issued by us:

Water Exclusion Endorsement CP 10 32 08 08

This endorsement replaces the current water exclusion in your policy with a revised exclusion. The revised exclusion contains language reinforcing the scope of the water exclusion, and explicitly states that such exclusion applies regardless of whether the water damage is caused by an act of nature or is otherwise caused. Specific mention is made of various boundary or containment systems such as dams and levees to further highlight this point. Further, express references to tsunami, storm surge and waterborne material are also added to the exclusion.

The exclusion in this endorsement applies to all coverages provided by your Commercial Property Insurance, including (if any) property damage and business income coverages, unless stated otherwise in your policy.



Effective: 2020 January 1

Westfield Privacy Promise

We are committed to protecting your privacy. This notice describes the personal information we collect about you and how we use it. This privacy promise applies to all our Westfield Insurance companies¹.

SUMMARY

- We gather information directly from you², from your transactions with us and from outside sources.
- We use your information only to provide insurance to you, to investigate and resolve claims or to improve the products and services we offer.
- We will share your information with the independent agent or insurance broker that you chose.
- We share your information with third-parties who help us deliver services to you.
- *We do not sell your personal information.* We do not share your information with other companies for their marketing purposes.
- We take measures to protect your information while it is in our custody. We require the third-parties who help us to protect your information, too.

INFORMATION WE COLLECT

We collect information about you in order to quote and service your insurance and to investigate and pay claims. This includes:

- Information from your application and other forms (such as your name, address, date of birth, email address, driver's license number and type of vehicle or property).
- Information about your transactions with us, our affiliates or others (such as your insurance coverages, limits and rates, payment and claims history and information needed for billing and payment).
- Information from third parties (such as your driving record, claims history with other insurers and credit information).
- Information about your online interactions with us (such as your IP address, the kind of device you used, the time of your visit to our site and pages visited). We use this information to deliver online services to you and/or to evaluate and improve our services.

INFORMATION ABOUT MINORS

We do not sell to or intentionally communicate with children under the age of 13. We may request specific information about a child from parents in order to properly quote an insurance policy, verify identities or deliver requested transactions. We do not retain information about minors other than what is necessary to deliver requested services.

¹"Westfield" includes Ohio Farmers Insurance Company, Westfield Insurance Company, Westfield National Insurance Company, American Select Insurance Company, Old Guard Insurance Company, Westfield Champion Insurance Company, Westfield Premier Insurance Company, Westfield Superior Insurance Company, Westfield Touchstone Insurance Company and Westfield Services, Inc.

²For a personal lines policy, this could include information from the head of household or other family member buying insurance that covers you. For a commercial lines policy, this could include information from your company's representative.

INFORMATION WE DISCLOSE

We do not sell or rent your personal information. We disclose your information to third-parties only as permitted by law:

- To process transactions that you request or to service your policy.
- To investigate and pay claims.
- To prevent fraud.
- To perform marketing services on our behalf. (We do NOT allow third-parties to use the information they receive from us to market on their own or anyone else's behalf.)
- To comply with legal requirements.

Recipients include employees within our family of insurance companies, claims representatives, insurance agents or brokers, service providers, auditors, consumer reporting agencies, government agencies, law enforcement and the courts.

HOW WE PROTECT YOUR INFORMATION

We restrict access to nonpublic personal information about you to those employees and outside service providers who need to know that information in order to provide our products or services to you. Their use of information is restricted by law, by our employee code of conduct and by written agreements where appropriate. We maintain physical, electronic and procedural safeguards that comply with applicable federal and state regulations to guard your information.

If you believe you have found a security issue with one of our products or services, please report it to InfosecAlerts@Westfieldgrp.com as quickly as possible. Please describe the issue in as much detail as possible, including the date and time you discovered the issue and how to reproduce the issue. Screenshots and videos can be especially helpful. Please also include your name and contact information in case we need additional detail.

INTERNET PRIVACY

If you choose to communicate with us through the Internet or other electronic means, please read our Privacy Promise online at www.westfieldinsurance.com/privacy for details about how and why we use cookies, social media and other technologies.

FORMER CUSTOMERS

If you end your relationship with us, we will continue to adhere to the policies and practices described in this privacy promise for as long as we have your information.

CALIFORNIA RESIDENTS

California residents have the right to request an accounting of information which we hold about you, the right to request that we not sell your information and the right to request that we amend or delete your information. We may not (and will not) retaliate against you for exercising any of these rights. These rights are limited by, among other things, our obligations to comply with insurance regulations, statutes and other legal requirements. Call our Privacy Office at 1.800.243.0249 or go to www.westfieldinsurance.com/privacy and click the Do Not Sell My Personal Information link to submit a request relevant to those rights.

PRIVACY CONTACT INFORMATION

If you have any questions, concerns or comments about our privacy promise, you may contact us by email at Privacy@Westfieldgrp.com or by mail to Privacy Officer, Westfield Insurance, One Park Circle, PO Box 5001, Westfield Center, OH 44251.



Notice to Policyholders Colorado State Surcharge Explanation

The state surcharge included in your policy, also referred to as the Hazard Mitigation Fee, is required by the Colorado Hazard Mitigation Enterprise created in House Bill 21-1208. The funds generated from this surcharge provide support to help reduce the effects of natural disasters and assist communities in being more resilient against future disasters, as described in Section 1; 24-33.5-1619.

If you have any questions concerning this surcharge, please contact your independent agent.

AD 93 39 03 22

EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement, which applies to your new or renewal policy being issued by us:

Exclusion Of Loss Due To Virus Or Bacteria Endorsement CP 01 40 07 06

This endorsement makes an explicit statement regarding a risk that is not covered under your Commercial Property insurance. It points out that there is no coverage under such insurance for loss or damage caused by or resulting from any virus, bacterium or other microorganism that induces or is capable of inducing physical distress, illness or disease. The exclusion in this endorsement applies to all coverages provided by your Commercial Property insurance, including (if any) property damage and business income coverages.



COMMERCIAL PACKAGE POLICY
RENEWAL
COMMON POLICY DECLARATIONS

71

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

RED ROCKS VALLEY HOMEOWNERS
ASSOCIATION, INC.
PO BOX 2750
GRAND JUNCTION CO 81502

HOME LOAN INSURANCE
PO BOX 100
GRAND JUNCTION CO 81502-0100
TELEPHONE 970-243-6600

Policy Number: CWP 9 784 679

01

WIC Account Number: 0500003191

A

Policy Period From 09/17/23
To 09/17/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

Business: HOMEOWNERS ASSOCIATION

Named Insured is: NON-PROFIT ORGANIZAT

In return for the payment of the premium, and subject to all terms of this
policy, we agree with you to provide the insurance as stated in this policy.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS

COMMERCIAL PROPERTY COVERAGE PART	\$	414.00
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$	450.00
COMMERCIAL INLAND MARINE COVERAGE PART		Included
CRIME AND FIDELITY COVERAGE PART		Included
TERRORISM INSURANCE COVERAGE	\$	2.00
Policy Annual Premium	\$	866.00
COLORADO HAZARD MITIGATION FEE	\$	2.00
Total Advance Annual Policy Premium	\$	868.00

The above is a summary of your coverages. For more detail,
please refer to the individual coverage parts inside your policy.

Forms and Endorsements applicable to all coverage parts:

IL0019 0488 , IL0017 1198 , ID7004 0411 , IL0003 0908 .

COUNTERSIGNED: _____ BY _____
Date Authorized Representative



RENEWAL
COMMERCIAL PROPERTY DECLARATIONS

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

RED ROCKS VALLEY HOMEOWNERS
ASSOCIATION, INC.
PO BOX 2750
GRAND JUNCTION CO 81502

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Policy Number: CWP 9 784 679

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A

Policy Period From 09/17/23 To 09/17/24

at 12:01 A.M. Standard Time at your mailing address shown above.

DESCRIPTION OF PREMISES

Loc Bldg Address, City & State

Construction

Occupancy

001 001 ROCK VALLEY RD
GRAND JCT, CO 81507
COUNTY: MESA

Frame

FENCES AND ARBORS

001 001 ROCK VALLEY RD
GRAND JCT, CO 81507
COUNTY: MESA

N/A

FENCES AND ARBORS (WOOD)

001 001 ROCK VALLEY RD
GRAND JCT, CO 81507
COUNTY: MESA

N/A

STREET LIGHTS, FLAGPOLES AND

001 001 ROCK VALLEY RD
GRAND JCT, CO 81507
COUNTY: MESA

N/A

TANKS, BINS, SILOS - ABOVE G

COVERAGES PROVIDED - Insurance at the described premises applies only for coverages for which a limit of insurance is shown. OPTIONAL COVERAGES applicable only when entries are made in the schedules below:

Loc Bldg	Coverage	Coins	Infl. Guard	Repl. Cost	Limit of Insurance	Premium
001 001	Business Personal Property Cause of Loss: Special	80%	4%	Yes	\$5,000	\$22
001 001	Wood Fences and Arbors Cause of Loss: Special	80%	4%	Yes	\$6,500	\$117
001 001	Metal Poles Traffic Equipt. Cause of Loss: Special	80%	4%	Yes	\$10,000	\$73
001 001	Steel Tanks Above Ground Cause of Loss: Special	80%	4%	Yes	\$29,392	\$102

OPTIONAL COVERAGES

Loc Bldg	Applicable to	Option Description	Premium
001 001		Tier 1 Expanded Property Endt	\$100

Total Advance Annual Property Premium \$ 414.00

Deductible is \$1000

Forms and Endorsements applicable to this coverage part:

CP0090	0788 , IL0952	0115 , CP0140	0706 , IL0169	0907 , IL0228	0907 ,
CPDS00	1014 , CP1075	1220 , CP7097	0520 , CP1030	0917 , CP0010	1012 ,
CP7096	1018 , CP0415	1012 , CP0405	0917 , CP1230	0695 , CP0407	1091 ,
CP0440	1220 , CP0417	1012 , CP0401	1000 , CP1038	1012 , IL7041	1214 .



RENEWAL
COMMERCIAL PROPERTY EXPANDED COVERAGE
ENDORSEMENT - TIER 1 SCHEDULE

COMPANY PROVIDING COVERAGE		WESTFIELD INSURANCE COMPANY			
NAMED INSURED AND MAILING ADDRESS		AGENCY	05-00090	PROD.	PUD
RED ROCKS VALLEY HOMEOWNERS ASSOCIATION, INC. PO BOX 2750 GRAND JUNCTION CO 81502		HOME LOAN INSURANCE PO BOX 100 GRAND JUNCTION CO 81502-0100 TELEPHONE 970-243-6600			
Policy Number: CWP 9 784 679		01	WIC Account Number: 0500003191		A
Policy Period	From To	09/17/23 09/17/24	at 12:01 A.M. Standard Time at your mailing address shown above.		

COMMERCIAL PROPERTY EXPANDED COVERAGE
ENDORSEMENT - TIER 1 SCHEDULE

This schedule modifies insurance provided under the
COMMERCIAL PROPERTY EXPANDED COVERAGE ENDORSEMENT - TIER 1

LOCATION SCHEDULE

Note: Crime Coverages included via CR 00 21 or (CR 00 25) apply on a policy-level basis, including those locations/buildings not scheduled below.

Loc. No.	Bldg. No.	Address, City & State
001	001	ROCK VALLEY RD, GRAND JCT, CO 81507

The limits listed in Section I below are the most we will pay for each coverage in any one occurrence unless a different limit is listed in Section II below. (Refer to policy language for specific coverages, conditions and exclusions.)

Section I

*For Coverage Denoted with an Asterisk Refer to Specific Coverage Form for Terms and Conditions.

Coverage	Limit of Insurance
*Accounts Receivable	
Coverage Applicable at Your Premises	\$25,000
Coverage Applicable Away from Your Premises	No Coverage
*Brands and Labels	Included
Changes in Temperature	\$1,000
Computer Coverage	
Hardware, Data and Media	\$25,000
Laptops/Portable Computers and Software (Away from Premises)	\$10,000
Credit Card Invoices	\$1,000
*Debris Removal - Additional Insurance	
Building & Contents (Combined)	\$50,000
Deferred Payments	\$25,000
*Discharge from Sewer, Drain or Sump (Not Flood-related)	
Property Damage	\$50,000
	Annual Aggregate Limit Applies
*Employee Theft	Or
*Employee Theft - per Loss Coverage	\$25,000
Deductible Amount per Occurrence	Not Applicable
Extra Expense	\$50,000

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RENEWAL
COMMERCIAL PROPERTY EXPANDED COVERAGE
ENDORSEMENT - TIER 1 SCHEDULE

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

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RED ROCKS VALLEY HOMEOWNERS
ASSOCIATION, INC.
PO BOX 2750
GRAND JUNCTION CO 81502

HOME LOAN INSURANCE
PO BOX 100
GRAND JUNCTION CO 81502-0100
TELEPHONE 970-243-6600

Policy Number: CWP 9 784 679

01

WIC Account Number: 0500003191

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Policy Period From To 09/17/23 09/17/24

at 12:01 A.M. Standard Time at your mailing address shown above.

*Fine Arts Floater		
Max per Item		\$2,500
Catastrophe Limit		\$10,000
Deductible		Not Applicable
Breakage		Breakage Exclusion Applies
Fire Department Service Charge		\$10,000
(Virginia Includes Volunteer Fire Departments)		
(Increased Limits are not Available For Arizona)		
Fire Extinguisher Recharge Expense		Included
*Forgery or Alteration		\$25,000
Deductible Amount per Occurrence		Not Applicable
Foundations of Buildings		Included
*Inside the Premises-Theft of Money & Securities		\$25,000
Deductible Amount per Occurrence		Not Applicable
*Outside the Premises-Theft of Money & Securities		\$25,000
Deductible Amount per Occurrence		Not Applicable
Inventory and Appraisals		\$10,000
Lock Replacement		\$2,500
Newly Acquired or Constructed Property		
Buildings		\$1,000,000/180 Days
Business Personal Property		\$500,000/180 Days
*Ordinance or Law		
Loss to Undamaged Portion of Building (if Applicable)	Incl. up to Bldg. Limit	
Demolition Cost		\$50,000
Increased Cost Of Construction		\$50,000
Post-Loss Ordinance Or Law Option		Not Applicable
Outdoor Property		
Any One Tree, Shrub or Plant		\$1,000
Any One Occurrence		\$10,000
Outdoor Signs		\$12,500
Patterns, Dies, Molds, and Forms		\$10,000
*Peak Season - Automatic Increase		
Period (From/To): Annual Policy Period	Lesser of: 25% or \$50,000	
Personal Effects and Property of Others		
Any One Person in Any One Loss		\$5,000
Any One Occurrence		\$10,000
*Pollutant Clean Up and Removal		\$25,000
Deductible		Not Applicable
Premises Boundary Increased Distance		1,000 Feet
Property in Transit		\$20,000

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RENEWAL
COMMERCIAL PROPERTY EXPANDED COVERAGE
ENDORSEMENT - TIER 1 SCHEDULE

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

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RED ROCKS VALLEY HOMEOWNERS
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at 12:01 A.M. Standard Time at your mailing address shown above.

Property off Premises
Any One Occurrence \$25,000
Max per Salesperson \$10,000

Reward Payment
Information \$10,000
Stolen Property \$10,000

*Spoilage Includes Refrigeration Maintenance Agreement,
Selling Price, Breakdown or Contamination and Power Outage \$10,000
Deductible \$500

Stamps, Tickets, Including Lottery Tickets Held for Sale, and
Letters of Credit \$500

*Utility Services-Direct Damage
Building \$10,000

Includes: Water Supply Property,
Communication Supply Property (No Overhead
Transmission Lines),
Power Supply Property (No Overhead Transmission
Lines)

Business Personal Property \$10,000

Includes: Water Supply Property,
Communication Supply Property (No Overhead
Transmission Lines),
Power Supply Property (No Overhead Transmission
Lines)

Vacancy 11% Occupied

*Valuable Papers and Records
All Other Covered Property \$25,000
Property Away from Your Premises \$5,000
Deductible: Not Applicable

If you have purchased Business Income at a location described in the schedule
above, then the following coverages are also added to only those location(s) for
which Business Income has been purchased.

Coverage Limit of Insurance

Business Income from Dependent Properties - Including
Extra Expense \$25,000

*Discharge from Sewer, Drain, or Sump (Not Flood-related)
Business Income Including Extra Expense \$50,000
Annual Aggregate Limit Applies

Newly Acquired or Constructed Property
Business Income 180 Days

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RENEWAL
COMMERCIAL PROPERTY EXPANDED COVERAGE
ENDORSEMENT - TIER 1 SCHEDULE

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

RED ROCKS VALLEY HOMEOWNERS
ASSOCIATION, INC.
PO BOX 2750
GRAND JUNCTION CO 81502

HOME LOAN INSURANCE
PO BOX 100
GRAND JUNCTION CO 81502-0100
TELEPHONE 970-243-6600

Policy Number: CWP 9 784 679

01

WIC Account Number: 0500003191

A

Policy Period From 09/17/23 To 09/17/24

at 12:01 A.M. Standard Time at your mailing address shown above.

If a limit is listed in Section II, that limit will supersede the limit in Section I for the designated coverage(s), location(s) and building(s) listed below. If no limit is listed in Section II there are no changes to section I.

Note: If "All" is designated as the Loc. No./Bldg. No. coverage applies to all locations, including those locations / buildings not scheduled below.

Section II

Loc. Bldg.
No. No. Coverage

Limit of Insurance

Includes copyrighted material of ISO, Inc. with its permission.



RENEWAL
GENERAL LIABILITY DECLARATIONS

COMPANY PROVIDING COVERAGE		WESTFIELD INSURANCE COMPANY		
NAMED INSURED AND MAILING ADDRESS		AGENCY	05-00090	PROD.
RED ROCKS VALLEY HOMEOWNERS ASSOCIATION, INC. PO BOX 2750 GRAND JUNCTION CO 81502		HOME LOAN INSURANCE PO BOX 100 GRAND JUNCTION CO 81502-0100 TELEPHONE 970-243-6600		

Policy Number: CWP 9 784 679	01	WIC Account Number: 0500003191	A
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Policy Period	From To	09/17/23 09/17/24	at 12:01 A.M. Standard Time at your mailing address shown above.
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LIMITS OF INSURANCE -

General Aggregate Limit (Other Than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit (Per Person Or Organization)	\$1,000,000
Each Occurrence Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any One Premises)	\$500,000
Medical Expense Limit (Any One Person)	NO COVERAGE

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM	\$450.00
--	----------

Deductible Liability Insurance Applies

Forms And Endorsements Applicable To This Coverage Part:

CG0300A 0196 , CG0001 0413 , CG2147 1207 , CG2503 0509 , IL0021 0908 ,
 CG2504A 0509 , IL0228 0907 , CG7000 1298 , CG7017 1298 , CG2106 0514 ,
 IL7013 1206 , CG9909 1219* , CG7230 0722* , CG2135 1001 , CG2170 0115 ,
 CG2404A 1219 , CG2426 0413 , IL0125 1113 , CG2003 1219 , CG2005 1219 ,
 CG2011 1219 , CG2012 1219 , CG2015 1219 , CG2018 1219 , CG2024 1219 ,
 CG2027 1219 , CG2029 1219 , CG2034 1219 , CG7135 1112 .



RENEWAL
GENERAL LIABILITY DECLARATIONS
(Continued)

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

RED ROCKS VALLEY HOMEOWNERS
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PO BOX 2750
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Policy Number: CWP 9 784 679

01

WIC Account Number: 0500003191

A

Policy Period From 09/17/23 To 09/17/24

at 12:01 A.M. Standard Time at your mailing address shown above.

Location Of All Premises Owned By, Rented To Or Controlled By The Named Insured Are The Same As The Mailing Address Of The Policy Declarations Unless Otherwise Indicated.

GENERAL LIABILITY SCHEDULE

PREMIUM BASIS LEGEND -

S = GROSS SALES PER \$1,000
P = PAYROLL PER \$1,000
O = OTHERS PER \$1,000

A = AREA PER 1,000 SQ. FT.
C = TOTAL COST PER \$1,000
M = ADMISSIONS PER 1,000

U = UNITS PER UNIT
T = SEE CLASSIFICATION NOTES

RATE LEGEND -

PREM/OP = PREMISES AND OPERATIONS
PROD = PRODUCTS AND COMPLETED OPERATIONS
CMPCBN = COMPOSITE PREMISES/PRODUCTS COMPLETED OPERATIONS

MP = MINIMUM PREMIUM

CLASSIFICATION	CODE	PREMIUM BASIS	RATE	PREMIUM
COLORADO				

ROCK VALLEY RD GRAND JCT TOWNHOUSES OR SIMILAR ASSOCIATIONS (ASSOCIATION RISK ONLY)	CO 81507 68500	59	PREM/OP 5.931	\$350
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PREM/OP MP \$143

ADDITIONAL COVERAGES AND ENDORSEMENTS -

COMMERCIAL GENERAL LIABILITY EXPANDED ENDORSEMENT \$100

TOTAL

TOTAL PREMIUM - PREMISES AND OPERATIONS \$350
TOTAL PREMIUM - ADDITIONAL COVERAGES AND ENDORSEMENTS \$100

TOTAL ADVANCE ANNUAL GENERAL LIABILITY PREMIUM \$450

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM AUDIT NONCOMPLIANCE CHARGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK LIABILITY COVERAGE PART

SCHEDULE

Total Advance Premium:	\$ 451.00
Audit Noncompliance Charge Factor:	Up to 2 times the Total Advance Premium 1.00
Number Of Written Attempts to Obtain Audit Information:	2
Reassessment Charge:	\$0
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Paragraph 5.c. of the **Premium Audit** Condition under **Section IV - Conditions** is replaced by the following:

- c. The first Named Insured must keep records of the information we need for premium computation and send us copies at such times as we may request. If the first Named Insured fails to comply with this request at the close of an audit period, an Audit Noncompliance Charge will be assessed, and notice will be sent to the first Named Insured.

The additional charge will be determined by multiplying the Total Advance Premium by the Audit Noncompliance Charge Factor indicated in the Schedule of this endorsement. (The following example is for illustration purposes only.)

Example:

Total Advance Premium: \$25,000
Audit Noncompliance Charge Factor: 1
Audit Noncompliance Charge: \$25,000

- (1) We will only assess the Audit Noncompliance Charge:
- (a) For audits conducted after the end of the policy period; and
 - (b) When we have made the number of written attempts indicated in the Schedule of this endorsement to obtain audit information from the first Named Insured.

The due date for the Audit Noncompliance Charge is the date shown as the due date on the bill.

(2) **Subsequent Compliance And Reassessment Charge**

- (a) The first Named Insured may notify us in writing, prior to the due date on the bill for the Audit Noncompliance Charge, that the Named Insured agrees to comply with the audit request.
- (b) A Reassessment Charge may apply if this charge is indicated in the Schedule.
- (c) The first Named Insured must comply with the audit within 30 days of our receipt of the written notification described in Paragraph (2)(a) above, and then the Audit Noncompliance Charge will no longer apply. If a Reassessment Charge is indicated in the Schedule of this endorsement, that charge will remain applicable.
- (d) If the first Named Insured fails to comply with the premium audit after 30 days of our receipt of the notification described in Paragraph (2)(a) above, a subsequent notice will be sent to the first Named Insured indicating that the Audit Noncompliance Charge and the Reassessment Charge (if applicable) will be final. The due date for the Audit Noncompliance Charge and the Reassessment Charge is the date shown as the due date on the bill.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**COMMUNICABLE DISEASE EXCLUSION-
FOODBORNE ILLNESS EXCEPTION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following exclusion is added to Paragraph 2. **Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability:**

2. Exclusions

This insurance does not apply to:

Communicable Disease

"Bodily injury" or "property damage" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- a. Supervising, hiring, employing, training, or monitoring of others that may be infected with and spread a communicable disease;
- b. Testing for a communicable disease;
- c. Failure to prevent the spread of a communicable disease; or
- d. Failure to report a communicable disease to authorities.

This exclusion does not apply to any foodborne illness arising out of contact with or consumption of a good or product intended for bodily consumption.

B. The following exclusion is added to Paragraph 2. **Exclusions of Section I - Coverage B - Personal And Advertising Injury Liability:**

2. Exclusions

This insurance does not apply to:

Communicable Disease

"Personal and advertising injury" arising out of the actual or alleged transmission of a communicable disease.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the:

- a. Supervising, hiring, employing, training, or monitoring of others that may be infected with and spread a communicable disease;
- b. Testing for a communicable disease;
- c. Failure to prevent the spread of a communicable disease; or
- d. Failure to report a communicable disease to authorities.

This exclusion does not apply to any foodborne illness arising out of contact with or consumption of a good or product intended for bodily consumption.



COMMERCIAL INLAND MARINE
RENEWAL DECLARATIONS
SCHEDULE OF COVERAGE FORMS

71

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

RED ROCKS VALLEY HOMEOWNERS
ASSOCIATION, INC.
PO BOX 2750
GRAND JUNCTION CO 81502

HOME LOAN INSURANCE
PO BOX 100
GRAND JUNCTION CO 81502-0100
TELEPHONE 970-243-6600

Policy Number: CWP 9 784 679

|01|

WIC Account Number: 0500003191

| A

Policy From 09/17/23
Period To 09/17/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

This policy contains the following Inland Marine Coverage Forms:

Coverage Forms	Premi um
Accounts Receivable	Included
Fine Arts Floater Coverage	Included
Valuable Papers and Records	Included

Total Advance Annual Inland Marine Premi um Included

All Forms and Endorsements applicable to Inland Marine Coverages:

CM0001	0904 ,	CM7090	0300 ,	IL0228	0907 ,	CM7001	1110 ,	CM0066	0113 ,
IM7400	0811 ,	IM7405	0811 ,	IM7406	0811 ,	IM7417	0811 ,	IM7423	1112 ,
CM7000	0292 ,	CM0067	0113 .						



COMMERCIAL INLAND MARINE
RENEWAL DECLARATIONS
ACCOUNTS RECEIVABLE COVERAGE

71

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

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PO BOX 2750
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Policy Number: CWP 9 784 679

| 01 |

WIC Account Number: 0500003191

| A

Policy From 09/17/23
Period To 09/17/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

DESCRIPTION OF PREMISES

Loc Bldg Street Address, City & State

Occupancy

*Refer to Commercial Property Expanded and/or Signature Series Schedule(s) for
Coverages and Limits of Insurance.*

COVERED PROPERTY AND LIMITS OF INSURANCE

A. Coverage Applicable At Your Premises
Loc Bldg Item

Limits of Insurance

B. Coverage Applicable Away From Your Premises

* 80 % COINSURANCE APPLIES. REFER TO COVERAGE FORM.

Loc Bldg Item Class Label DESCRIPTION OF RECEPTACLES
Issuer Manufacturer

Total Advance Annual
Accounts Receivable Premium

Included

Forms and Endorsements applicable to this coverage:



COMMERCIAL INLAND MARINE
RENEWAL DECLARATIONS
VALUABLE PAPERS AND RECORDS COVERAGE

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

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Policy Number: CWP 9 784 679

| 01 |

WIC Account Number: 0500003191

| A

Policy From 09/17/23
Period To 09/17/24

at 12:01 A.M. Standard Time at your
mailing address shown above.

COVERED PROPERTY AND LIMITS OF INSURANCE

Specifically Described Property
Loc Bldg Item Description

Limit of Insurance

*Refer to Commercial Property Expanded and/or Signature Series Schedule(s) for
Coverages and Limits of Insurance.*

All Other Covered Property
Loc Bldg Item

Limit of Insurance

Property Away From Your Premises
Item

Limit of Insurance

Loc Bldg Item Class Label DESCRIPTION OF RECEPTACLES
Issuer Manufacturer

Total Advance Annual
Valuable Papers and Records Premium

Included

Forms and Endorsements applicable to this coverage:
CM7000 0292 , CM0067 0113 .

POLICY NUMBER: CWP 9784679

POLICY PERIOD: FROM 09/17/2023 TO 09/17/2024

SCHEDULE OF COVERAGES FINE ARTS FLOATER

(The entries required to complete this schedule will be shown below or on the "schedule of coverages".)

COVERED PREMISES

Refer to attached Fine Arts Schedule

COVERED FINE ARTS

Refer to attached Fine Arts Schedule

CATASTROPHE LIMIT Refer To Commercial Property Expanded and/or
Signature Series Schedule

DEDUCTIBLE AMOUNT Refer To Commercial Property Expanded and/or
Signature Series Schedule

COVERAGE EXTENSIONS

Emergency Removal		"Limit"
		30 days
Emergency Removal Expenses	30 days	\$ 1,000

SUPPLEMENTAL COVERAGES

Newly Acquired Art		"Limit"
		25% of catastrophe limit
Off-Premises Coverage		\$ 10,000
Property Used To Display Or Protect Art		\$ 5,000
Transit Coverage		\$ 10,000

ADDITIONAL INFORMATION

IM7400 0811 , IM7405 0811 , IM7406 0811 , IM7417 0811 , IM7423 1112 .

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RENEWAL
CRIME AND FIDELITY COVERAGE PART DECLARATION
(COMMERCIAL ENTITIES)

COMPANY PROVIDING COVERAGE

WESTFIELD INSURANCE COMPANY

NAMED INSURED AND MAILING ADDRESS

AGENCY

05-00090

PROD.

PUD

RED ROCKS VALLEY HOMEOWNERS
ASSOCIATION, INC.
PO BOX 2750
GRAND JUNCTION CO 81502

HOME LOAN INSURANCE
PO BOX 100
GRAND JUNCTION CO 81502-0100
TELEPHONE 970-243-6600

Policy Number: CWP 9 784 679

| 01 |

WIC Account Number: 0500003191

| A

Policy From 09/17/23
Period To 09/17/24

at 12:01 A.M. at your mailing address
shown above.

Insuring Agreements

Limit of Insurance
Per Occurrence

Deductible Amount
Per Occurrence

*Refer to Commercial Property Expanded and/or Signature Series Schedule(s) for
Coverages and Limits of Insurance.*

Note: Employee Theft, Forgery Or Alterations, Inside The Premises - Theft Of
Money And Securities and Outside The Premises included in the schedule(s) apply
on a policy-level basis.

Coverage is Written: Primary

Total Advance Annual Crime Premium

Included

Forms and Endorsements forming part of this policy coverage when issued:

CR7000 0813 , CR0021 1115 , CR0160 0807 , IL0228 0907 .

CANCELLATION OF PRIOR INSURANCE ISSUED BY US:

By acceptance of this Coverage Part / Policy you give us notice cancelling prior
policy Nos. _____; the cancellation to be effective at the
time this Coverage Part become effective.