

CBP00000598
03/05/26

SP 03 000003 93482 G 2 ASNGLP



Arlington Villa Estates Homeowners Association
607 S 7th St
Grand Junction, CO 81501-7734

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Change Effective: 03/01/26

Businessowners – Declarations

Printed: 03/05/26

Words and phrases that are defined are shown in quotation marks. The definitions for these words and phrases are set forth in Definitions.

Named Insured(s): Arlington Villa Estates Homeowners Association

Mailing Address:
607 S 7th St
Grand Junction, CO 81501-7734

Account Number: 00091903
Policy Number: CBP00000598
Agent: Dan Gillespie
Agent Phone: 970-639-2600

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POLICY TERM 03/01/26 12:01 AM to 03/01/27 12:01 AM

Insurance is provided only with respect to what is specified on the attached Schedule of Coverage. The insurance is provided only to the extent set forth in the specific forms and endorsements that are made a part of your policy.

Total "Premium" (This is not a bill)\$8,969.00

**** IMPORTANT **** Please attach this update to your original insurance policy.

Forms and Endorsements Applicable to This Policy:

| | | | | |
|-----------------------|--------------------|----------------|----------------|----------------|
| PF.Declarations 01 22 | BOP.Schedule 10 22 | BP P 029 03 22 | BP IN 01 07 13 | BP 00 03 07 13 |
| BP 01 81 03 15 | BP 05 01 07 02 | BP 04 15 02 21 | BP 04 46 07 13 | BP 04 56 07 13 |
| BP 04 57 07 13 | BP 05 94 01 06 | BP 07 77 08 06 | BP 14 09 07 13 | BP 14 10 01 10 |
| BP 14 78 07 13 | BP 15 30 09 19 | BP 17 01 07 13 | BP.012 10 22 | BP.017 10 22 |
| BP.018 10 22 | BP.019 10 22 | BP.021 10 22 | BP.025 10 22 | BP.026 10 22 |
| BP.028 10 22 | BP.030 10 22 | BP.031 10 22 | BP.032 10 22 | BP.033 10 22 |
| BP.034 10 22 | BP.035 10 22 | BP.036 10 22 | BP.037 10 22 | BP.038 10 22 |
| BP.042 10 22 | BP.043 10 22 | BP.044 10 22 | BP.045 10 22 | BP 04 04 01 10 |
| BP 04 17 01 10 | BP 04 39 07 02 | BP 04 92 07 02 | BP 05 17 01 06 | BP 05 24 01 15 |
| BP 05 47 07 13 | BP 05 77 01 06 | BP 10 05 07 02 | BP 14 51 05 10 | BP 14 86 07 13 |
| BP 15 05 05 14 | BP 15 11 12 16 | BP 15 32 09 19 | BP 15 60 02 21 | BP 17 24 01 10 |
| BP.020 10 22 | BP.023 10 22 | BP.024 10 22 | BP.027 10 22 | BP.029 10 22 |
| BP.046 10 22 | BP.049 10 22 | BP.067 10 22 | | |

The insurance afforded by this policy as indicated within the "Declarations" supersedes and replaces all insurance previously afforded by this policy. Assignment of this policy shall not be valid without "our" written consent.

FRAUD STATEMENT:

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.





BUSINESSOWNER (BOP) – SCHEDULE OF COVERAGE

Change Effective: 03/01/26

Date Printed: 03/05/26

Arlington Villa Estates
Homeowners Association

Policy Term: 03/01/26-03/01/27

DESCRIBED PREMISES

| Location Number | Location Name | Location | Primary |
|-----------------|-----------------------|---|---------|
| 1 | 250 Beacon Ct Apt 1-5 | 250 Beacon Ct Apt 1-5, Grand Junction, CO 81503 | X |
| 2 | 254 Beacon Ct Apt 1-7 | 254 Beacon Ct Apt 1-7, Grand Junction, CO 81503 | |

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OFFERINGS

Xpand Apartment

Premium: \$436.00

SECTION I – PROPERTY

LOCATIONS – DEDUCTIBLES

| Location Number | Property Deductible | Windstorm or Hail Percentage Deductible | Automatic % Increase | Inside City Limits | Distance To Fire Station |
|-----------------|---------------------|---|----------------------|--------------------|--------------------------|
| 1 | \$10,000 | Refer To Building | 6% | Yes | 2 |
| 2 | \$10,000 | Refer To Building | 6% | Yes | 2 |

BUILDINGS

| | | | | |
|--|---------------------------------------|--|--|--|
| Location: 1 | Building Number: 3 | Building Description: 250 Beacon Ct Apt 1-5 | | |
| Building Limit of Insurance: \$1,733,714.8 | Valuation: Replacement Cost | Automatic Increase %: 6% | Damage To Premises Rented To You: \$300,000 | |
| | | | Building Premium: \$2,487.40 | |
| Location: 2 | Building Number: 3 | Building Description: 254 Beacon Ct Apt 1-7 | | |
| Building Limit of Insurance: \$2,426,976 | Valuation: Replacement Cost | Automatic Increase %: 6% | Damage To Premises Rented To You: \$300,000 | |
| | | | Building Premium: \$3,483.30 | |

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Arlington Villa Estates
Homeowners Association

Policy Term: 03/01/26-03/01/27

CLASSIFICATION

| | | | | |
|------------------------------------|--------------|---|---|--------------------|
| Location / Building Number: | Class | Property Type: | Classification Description: | Class Code: |
| Location 1, Building 3 | Number: 3 | Apartment Condominium Association | Condominiums - Residential Condominium (Association risk only) | 69145 |

Business Personal Property Limit of Insurance: \$1,000

Functional Building Personal Property Loss Valuation:
No

Classification Premium: \$2.00

| | | | | |
|------------------------------------|--------------|---|---|--------------------|
| Location / Building Number: | Class | Property Type: | Classification Description: | Class Code: |
| Location 2, Building 3 | Number: 3 | Apartment Condominium Association | Condominiums - Residential Condominium (Association risk only) | 69145 |

Business Personal Property Limit of Insurance: \$1,000

Functional Building Personal Property Loss Valuation:
No

Classification Premium: \$2.00

BUILDING – OPTIONAL COVERAGES

| Coverage Name | Coverage Information | Applicable Building | Premium |
|-------------------------------------|---|----------------------------|----------|
| Accounts Receivables | Limit of Insurance: \$50,000 | Location: 1 Building: 3 | |
| Accounts Receivables | Limit of Insurance: \$50,000 | Location: 2 Building: 3 | |
| Debris Removal Additional Insurance | Limit of Insurance: \$25,000 | Location: 1 Building: 3 | |
| Debris Removal Additional Insurance | Limit of Insurance: \$25,000 | Location: 2 Building: 3 | |
| Detached Building | | Location: 1 Building: 3 | |
| Detached Building | | Location: 2 Building: 3 | |
| Ordinance or Law | Coverage: Coverage 1 with Coverages 2 and 3 Combined Combined Coverage 2 and 3 Limit of Insurance: \$300,000 | Location: 1 Building: 3 | \$818.00 |
| Ordinance or Law | Coverage: Coverage 1 with Coverages 2 and 3 Combined Combined Coverage 2 and 3 Limit of Insurance: \$300,000 | Location: 2 Building: 3 | \$936.00 |



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| Coverage Name | Coverage Information | Applicable Building | Premium |
|--|---|----------------------------|---------|
| Ordinance or Law Increased Period of Restoration | Business Income and Extra Expense Optional Coverage: No Number of Hours Waiting Period: Not Applicable | Location: 1 Building: 3 | |
| Ordinance or Law Increased Period of Restoration | Business Income and Extra Expense Optional Coverage: No Number of Hours Waiting Period: Not Applicable | Location: 2 Building: 3 | |
| Outdoor Property | Limit of Insurance: \$10,000 Per Item Limit: \$5,000 | Location: 1 Building: 3 | |
| Outdoor Property | Limit of Insurance: \$10,000 Per Item Limit: \$5,000 | Location: 2 Building: 3 | |
| Personal Effects | Limit of Insurance: \$10,000 | Location: 1 Building: 3 | |
| Personal Effects | Limit of Insurance: \$10,000 | Location: 2 Building: 3 | |
| Personal Property – Off Premises | Limit of Insurance: \$25,000 | Location: 1 Building: 3 | |
| Personal Property – Off Premises | Limit of Insurance: \$25,000 | Location: 2 Building: 3 | |
| Spoilage | Limit Of Insurance: \$10,000 | Location: 1 Building: 3 | |
| Spoilage | Limit Of Insurance: \$10,000 | Location: 2 Building: 3 | |
| Tenant Move-Back Expense | Limit of Insurance: \$15,000 | Location: 1 Building: 3 | |
| Tenant Move-Back Expense | Limit of Insurance: \$15,000 | Location: 2 Building: 3 | |
| Utility Services – Direct Damage | Limit Of Insurance: \$25,000 | Location: 1 Building: 3 | |
| Utility Services – Direct Damage | Limit Of Insurance: \$25,000 | Location: 2 Building: 3 | |
| Utility Services – Time Element | Limit Of Insurance: \$25,000 | Location: 1 Building: 3 | |
| Utility Services – Time Element | Limit Of Insurance: \$25,000 | Location: 2 Building: 3 | |
| Valuable Papers | On-Premises Limit of Insurance: \$50,000 Off-Premises Limit of Insurance: \$25,000 | Location: 1 Building: 3 | |
| Valuable Papers | On-Premises Limit of Insurance: \$50,000 Off-Premises Limit of Insurance: \$25,000 | Location: 2 Building: 3 | |

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Homeowners Association

Policy Term: 03/01/26-03/01/27

| Coverage Name | Coverage Information | Applicable Building | Premium |
|---|------------------------------|----------------------------|----------|
| Water Backup and Sump Overflow | Limit of Insurance: \$10,000 | Location: 1 Building: 3 | \$143.90 |
| Water Backup and Sump Overflow | Limit of Insurance: \$10,000 | Location: 2 Building: 3 | \$143.90 |
| Windstorm or Hail Percentage Deductible | Deductible: 1% | Location: 1 Building: 3 | |
| Windstorm or Hail Percentage Deductible | Deductible: 1% | Location: 2 Building: 3 | |

BUILDING – EXCLUSIONS AND CONDITIONS

| Exclusion / Condition | Exclusion / Condition Information | Applicable Building |
|---|---|----------------------------|
| Exclusion of Loss Due to By-Products of Production or Processing Operations (Rental Properties) | Description of Rental Unit: 250 Beacon Ct, Grand Junction, CO 81503 1-5 | Location: 1 Building: 3 |
| Exclusion of Loss Due to By-Products of Production or Processing Operations (Rental Properties) | Description of Rental Unit: 250 Beacon Ct, Grand Junction, CO 81503 1-7 | Location: 2 Building: 3 |
| Property Coverage Restriction | 1 Description of Property Restricted: Siding due to Vinyl | Location: 1 Building: 3 |
| Property Coverage Restriction | 1 Description of Property Restricted: Siding due to Vinyl | Location: 2 Building: 3 |

CLASSIFICATION – OPTIONAL COVERAGES

| Coverage Name | Coverage Information | Applicable Classification | Premium |
|--|--|--------------------------------|---------|
| Brands and Labels | | Loc, Bldg: 1, 3 Class: 3 | |
| Brands and Labels | | Loc, Bldg: 2, 3 Class: 3 | |
| Business Income – Dependant Properties | Limit of Insurance: \$25,000 Business Income From Secondary Dependant Properties: No | Loc, Bldg: 1, 3 Class: 3 | |
| Business Income – Dependant Properties | Limit of Insurance: \$25,000 Business Income From Secondary Dependant Properties: No | Loc, Bldg: 2, 3 Class: 3 | |

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LOCATION – OPTIONAL COVERAGES

| Coverage Name | Coverage Information | Applicable Locations | Premium |
|---|--|----------------------|----------|
| Computer Fraud and Funds Transfer | Included: Yes Number of Employees: 0 | 1, 2 | |
| Employee Dishonesty | Included: Yes Number of Employees: 0 | 1, 2 | |
| Equipment Breakdown Protection | | 1, 2 | Included |
| Fine Arts | Limit of Insurance: \$10,000 | 1, 2 | |
| Fire Department Services | Limit of Insurance: \$15,000 | 1, 2 | |
| Fire Extinguisher Systems Recharge Expense | Limit of Insurance: \$10,000 | 1, 2 | |
| Franchise Agreement – Increased Cost of Construction | Limit of Insurance: \$25,000 | 1, 2 | |
| Free Standing Fences or Walls | Limit of Insurance: \$5,000 | 1, 2 | |
| Increased Cost of Construction | Limit of Insurance: \$25,000 | 1, 2 | |
| Ingress / Egress – Business Income / Extra Expense – Loss At Other Location | Limit of Insurance: \$25,000 | 1, 2 | |
| Location – Outdoor Signs | Limit of Insurance: \$5,000 | 1, 2 | |
| Lock Replacement | Limit of Insurance: \$5,000 | 1, 2 | |
| Lost Key – Consequential Loss | Limit of Insurance: \$5,000 | 1, 2 | |
| Money and Securities | Off Premises: \$5,000 On Premises: \$10,000 | 1, 2 | |
| Money Orders and "Counterfeit Money" | Limit of Insurance: \$5,000 | 1, 2 | |
| Ordinance or Law – Equipment | | 1, 2 | |
| Pollutant Clean-Up and Removal | Limit of Insurance: \$25,000 | 1, 2 | |
| Salesperson Samples | Limit of Insurance: \$10,000 | 1, 2 | |
| Tenant Building Coverage – Required By Lease | Limit of Insurance: \$10,000 | 1, 2 | |

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PROPERTY – BUSINESSOWNER LEVEL COVERAGE

| Coverage | Limit of Liability | Premium |
|--|----------------------|---------|
| Business Income – Extended Period of Indemnity Number of Days | 90 | |
| Business Income – Exempt Employees / Jobs | No | |
| Business Income – Ordinary Payroll | Number of Days: 120 | |
| Business Income / Extra Expense – 18 Month Period of Indemnity | Number of Months: 18 | |



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| Coverage | Limit of Liability | Premium |
|---|-------------------------------|---------|
| Business Income / Extra Expense – Newly Acquired Properties | Limit of Insurance: \$25,000 | |
| Business Income / Extra Expense – No Time Deductible | | |
| Business Income From Dependent Properties | Limit of Insurance: \$25,000 | |
| Computer Fraud and Funds Transfer Fraud | Limit of Insurance: \$25,000 | |
| Newly Acquired Business Personal Property | Limit of Insurance: \$250,000 | |
| Newly Acquired or Constructed Buildings | Limit of Insurance: \$500,000 | |

Section II – Liability Insurance

LIABILITY AND MEDICAL EXPENSES

| Coverage | Limit of Liability | Premium |
|--|--------------------|------------------------------------|
| Liability and Medical Expenses | \$2,000,000 | |
| Medical Expenses – Per Person | \$5,000 | |
| Liability and Medical Expenses General Aggregate | \$4,000,000 | |
| Products / Completed Operations Aggregate | \$4,000,000 | |
| | | Liability Premium: \$341.00 |

LIABILITY – OPTIONAL COVERAGES

| Coverage | Coverage Information | Premium |
|---|--|----------|
| Claim Data Expense | Limit of Insurance: \$10,000 | |
| Computer / Electronic Data Processing Coverage – Off Premises | Limit of Insurance: \$5,000 | |
| Condominiums, Co-ops, Associations - Directors And Officers Liability Endorsement | Name of Association: Arlington Villa Estates Homeowners Association Limit of Insurance: \$1,000,000 Deductible: \$1,000 Pending or Prior Litigation Date: 03/01/24 Retroactive Date: 03/01/24 Extended Reporting Period: No | \$300.00 |
| Electronic Commerce (E-Commerce) | Annual Aggregate Limit of Insurance: \$25,000 Section I – Deductible: \$2,500 | |
| Electronic Data | Limit of Insurance: \$15,000 | |

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Homeowners Association

Policy Term: 03/01/26-03/01/27

| Coverage | Coverage Information | Premium |
|--|--|---------|
| Employee Dishonesty | Limit of Insurance: \$25,000 | |
| Forgery Alteration | Limit of Insurance: \$25,000 | |
| Heating or Air Conditioning Loss Reimbursement | Limit of Insurance: 10,000 | |
| Hired Auto and Non-Owned Auto Liability | Hired Auto Liability Coverage: Yes Non-Owned Auto Liability Coverage (With Delivery Service): No Non-Owned Auto Liability Coverage (Without Delivery Service): Yes | \$41.00 |
| Interruption of Computer Operations | Limit of Insurance: \$15,000 | |
| Lockout or Sale, Removal and Disposal of Liability | Limit of Insurance: \$5,000 | |
| Reward Payment | Limit of Insurance: \$5,000 | |
| Tenants' Property Legal Liability | Limit of Insurance: 10,000 | |
| Unauthorized Business Card Use | Limit of Insurance: \$5,000 | |

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LIABILITY – EXCLUSIONS AND CONDITIONS

| Exclusion / Condition | Exclusion / Condition Information |
|---|--|
| Abuse or Molestation Exclusion | |
| Amendment to Exclusion – Expected or Intended Injury | |
| Asbestos Exclusion | |
| Businessowner Maximum Aggregate Limits | |
| Cannabis Liability Exclusion | |
| Cannabis Property Exclusion | |
| Communicable Disease Exclusion | |
| Cyber Incident Exclusion | |
| Employment-Related Practices Exclusion | |
| Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability – Limited | |
| Bodily Injury Exception Not Included | |
| Exclusion – Silica or Silica-Related Dust | |
| Exclusion – Unmanned Aircraft | Bodily Injury and Property Damage: No Personal and Advertising Injury: No |
| Exclusion – Violation of Trade or Consumer Protection Laws | |
| Exclusion – Year 2000 Computer-Related and Other Electronic Problems | |
| Exclusion of Certified Acts of Terrorism | Exception States: 250 Beacon Ct, Grand Junction, CO 81503 |
| Fungi or Bacteria Exclusion (Liability) | |
| Lead Exclusion | |



BUSINESSOWNER (BOP) – SCHEDULE OF COVERAGE

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Arlington Villa Estates
Homeowners Association

Policy Term: 03/01/26-03/01/27

Exclusion / Condition

Exclusion / Condition Information

Punitive Damages Exclusion

Total Pollution Exclusion

TOTAL PREMIUM – (THIS IS NOT A BILL)\$8,969.00*

*The premium shown above does not reflect the premium owed for modified / removed coverage(s).



POLICY NUMBER: CBP00000598
03/05/26

BUSINESSOWNERS
BP 14 09 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEBRIS REMOVAL ADDITIONAL INSURANCE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

| Premises Number | Building Number | Debris Removal Amount |
|------------------------|------------------------|------------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Debris Removal Additional Coverage** in Paragraph A.5.a. of Section I – Property is amended as follows:

The additional amount of \$25,000 for debris removal expense is replaced by the higher amount shown in the Schedule of this endorsement.

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POLICY NUMBER: CBP00000598
03/05/26

SUPPLEMENTAL FORM DECLARATION FOR BP 14 09 07 13
DEBRIS REMOVAL ADDITIONAL INSURANCE

SCHEDULE

| Premises Number | Building Number | Debris Removal Amount |
|------------------------|------------------------|------------------------------|
| 1 | 3 | \$25,000.00 |
| 2 | 3 | \$25,000.00 |

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION OF LOSS DUE TO BY-PRODUCTS OF
PRODUCTION OR PROCESSING OPERATIONS
(RENTAL PROPERTIES)**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

| Premises Number | Building Number | Description Of Rental Unit |
|--|-----------------|----------------------------|
| | | |
| | | |
| | | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | | |

Section I – Property is amended as follows:

- A.** The terms of this endorsement apply to the rental unit(s) described in the Schedule, and to the building(s) in which such unit(s) are located, including any contents of such unit(s) and building(s), all of which constitute the described premises for the purpose of this endorsement.
- B.** We will not pay for loss or damage to the described premises, caused by or resulting from smoke, vapor, gas or any substance released in the course of production operations or processing operations performed at the rental unit(s) described in the Schedule. This exclusion applies regardless of whether such operations are:
 - 1. Legally permitted or prohibited;
 - 2. Permitted or prohibited under the terms of the lease; or
 - 3. Usual to the intended occupancy of the premises.

This exclusion does not apply to loss or damage by fire or explosion that results from the release of a by-product of the production or processing operation.

- C.** If the loss or damage described in Paragraph **B.** of this endorsement results in Business Income loss or Extra Expense, there is no coverage for such loss or expense under the Business Income or Extra Expense Additional Coverages.
- D.** The conduct of a tenant's production or processing operations will not be considered to be vandalism of the rental premises regardless of whether such operations are:
 - 1. Legally permitted or prohibited;
 - 2. Permitted or prohibited under the terms of the lease; or
 - 3. Usual to the intended occupancy of the premises.





POLICY NUMBER: CBP00000598
03/05/26

SUPPLEMENTAL FORM DECLARATION FOR BP 14 78 07 13
EXCLUSION OF LOSS DUE TO BY-PRODUCTS OF PRODUCTION OR PROCESSING
OPERATIONS (RENTAL PROPERTIES)

SCHEDULE

| Premises Number | Building Number | Description Of Rental Unit |
|------------------------|------------------------|---|
| 1 | 3 | 250 Beacon Ct, Grand Junction, CO 81503 1-5 |
| 2 | 3 | 250 Beacon Ct, Grand Junction, CO 81503 1-7 |

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WINDSTORM OR HAIL DEDUCTIBLES

This endorsement modifies insurance under the following:

BUSINESSOWNER COVERAGE FORM

SCHEDULE

| Premises Number | Windstorm or Hail Deductible Percentage or Dollar Amount |
|--|--|
| | |
| | |
| | |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

The following provisions apply to **Section I – Property:**

The Windstorm or Hail Deductible, as shown in the schedule and set forth in this endorsement, applies to covered loss or damage caused directly or indirectly by Windstorm or Hail. This Deductible applies to each occurrence of Windstorm or Hail.

With respect to Covered Property at a premises identified in the Schedule, no other deductible applies to Windstorm or Hail.

Nothing in this endorsement implies or affords coverage for any loss or damage that is excluded under the terms of the Water Exclusion or any other exclusion in this policy. If this policy is endorsed to cover Flood under the Flood Coverage Endorsement (or if you have a flood insurance policy), a separate Flood Deductible applies to loss or damage attributable to Flood, in accordance with the terms of that endorsement or policy.

WINDSTORM OR HAIL DEDUCTIBLE CALCULATION

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to 1%, 2% or 5% or the dollar amount (as shown in the Schedule) of the Limit(s) of Insurance applicable to the property that has sustained loss or damage.

This Deductible is calculated separately for, and applies separately to:

1. Each building that sustains loss or damage.
2. The business personal property at each building at which there is loss or damage to business personal property.
3. Business personal property in the open.

We will not pay for loss or damage until the

amount of loss or damage exceeds the Deductible. We will then pay the amount of loss or damage in excess of the Deductible that applies to the building or the business personal property (whichever is higher), up to the applicable Limit(s) of Insurance.

When property is covered under the Coverage Extension for Newly Acquired or Constructed Property: In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to a percentage of the value(s) or the dollar amount shown in the Schedule of the property at the time of loss. If a Windstorm or Hail Deductible Percentage applies, the applicable percentage for Newly Acquired or Constructed Property is the highest percentage shown in the Schedule for any described premises.

EXAMPLE #1 – APPLICATION OF PERCENTAGE DEDUCTIBLE

The amounts of loss to the damaged property are \$60,000 (building) and \$40,000 (business personal property in building).

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the business personal property.

The Deductible is 2%.

BUILDING & BUSINESS PERSONAL PROPERTY

Step (1): Deductible = \$80,000 X 2% = \$1,600

Step (2): Total Loss = \$60,000 + \$40,000 = \$100,000

Step (3): \$100,000 - \$1,600 = \$98,400

The most we will pay is \$98,400 (\$100,000 - \$1,600). The portion of the total loss that is not covered due to the application of the Deductible is \$1,600.

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EXAMPLE #2 – APPLICATION OF DOLLAR DEDUCTIBLE

The amounts of loss to the damaged property are \$60,000 (building) and \$40,000 (business personal property in building).

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the business personal property.

The Deductible is \$1,000/\$2,000.

BUILDING & BUSINESS PERSONAL PROPERTY

Step (1): Total Loss: $\$60,000 + \$40,000 = \$100,000$

Step (2): $\$100,000 - \$2,000 = \$98,000$

The most we will pay is \$98,000 (\$100,000 - \$2,000). The portion of the total loss that is not covered due to the application of the Deductible is \$2,000.



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SUPPLEMENTAL FORM DECLARATION FOR BP.019 10 22
WINDSTORM OR HAIL DEDUCTIBLES

SCHEDULE

| PREMISES NUMBER | WINDSTORM OR HAIL DEDUCTIBLE PERCENTAGE OR DOLLAR AMOUNT |
|------------------------|---|
| 1 | 1% |

| PREMISES NUMBER | WINDSTORM OR HAIL DEDUCTIBLE PERCENTAGE OR DOLLAR AMOUNT |
|------------------------|---|
| 2 | 1% |

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