

Businessowners – Declarations

Printed: 02/10/25

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): Franklin Street Apartments HOA

Mailing Address:

PO Box 153
Mack, CO 81525

Account Number: 00091262
Policy Number: CBP00000613
Agent: Dan Gillespie
Agent Phone: 970-639-2600

POLICY TERM 04/01/25 12:01 AM to 04/01/26 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) **\$21,484.80**

**** 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 10 03 07 13	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 50 07 13	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.