



Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents online and send them to us with just a few clicks. Its an easy and safe way to send forms that need your signature. If you havent signed up for eSign yet, contact your Farmers[®] agent today to get started.

After youve activated eSign, any forms that need a signature and have an asterisk (*) next to them in your policy declarations will be sent to you through eSign.

Any future changes to your policy will also be processed through eSign if they can be.
Thank you for choosing us for your insurance.

022/002 000025 0606/31419 (4) BN1S251220 0000462





FARMERS
INSURANCE

STATEMENT

MID-CENTURY INSURANCE COMPANY

◦ THE HOMESTEAD IN GRAND
*SEE J7104 AMEND TO NAMED INS
607 S 7TH ST

GRAND JUNCTION CO 81501-7734

DECEMBER 20, 2025

Date

07-50-318

Agent's Number

60673-14-19

Policy Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

This Statement Reflects:

Effective Date: 02/18/26

Loan Number

New Business Reinstatement Change Of Coverage Added Coverage

\$ Previous Balance Owing
\$ Premium
\$ Membership, Policy, Reinstatement, Reissue or Service Fees
\$ Pro Rata Premium Due
\$ **35,639.00** Premium For Renewing Entire Present Coverage From 02/18/26 To 02/18/27

\$
\$
\$
\$
\$
\$ **35,639.00** Total Charges

\$
\$ Payments
\$ Other Credits _____
\$ _____ Total Credits

\$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ _____ Optional Amount
\$ _____ Refund

WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E
PREMIUM WILL BE BILLED. ACCT # F008255694-001-00001.**

022/003 000025 0606/3141914 } BN1S251220 000463





Dear Insured:

We know that your business needs can change throughout the year. You might get new equipment, hire more staff, open a new location, start online ordering or offer new services. These changes could mean you need to update your insurance coverage.

Farmers® and our agents are here to help you understand your insurance better. We offer free services to make sure your business has the right coverage.

How we can help:

Farmers Friendly Review®: Your agent can schedule a review with you. During this review, they can discuss:

- Available insurance discounts
- Potential gaps in your coverage
- New products that might be a good fit for you
- Changes to your business that might mean you could get a better price on your premium

MySafetyPoint.com: This website offers safety and loss control information to help you avoid workplace injuries and other losses.

To use this resource:

- Go to www.mysafetypoint.com
- Register with your policy number and email address
- Find safety information specific to your type of business

Please review the policy renewal documents enclosed to make sure your current coverage still meets your needs.

If you have any questions, please contact your Farmers agent.

Thank you for choosing us for your insurance.

022/004 000025 0606731419 { 4 } BNI1S251220 000464





Farmers Insurance, Attn: Business insurance
PO Box 2527, Grand Rapids, MI 49501

DECEMBER 20, 2025

THE HOMESTEAD IN GRAND
*SEE J7104 AMEND TO NAMED INS
607 S 7TH ST

GRAND JUNCTION CO 81501-7734

Premium Change Notice

Re: Renewal of 60673-14-19

Dear Valued Customer:

We want to take this opportunity to thank you for choosing Farmers® Business Insurance and to share some important information. Your policy renewal date is approaching soon and based on current underwriting information in our files, your renewal notice will reflect an increase in premium over the prior year. Please keep in mind that this increase may be due to a combination of factors including policy changes you may have requested, changes in the economic factors affecting the risk, such as property values, payrolls or sales volume, or rate factor changes made by us in response to rising claims and other costs. The level of risk associated with this policy is not commensurate with the current premium level. Accordingly, please be advised that the renewal premium will be \$ 35,639.00.

We know the protection of your business is important to your success and we're honored that you've chosen Farmers Business Insurance. If you would like to discuss your upcoming renewal, we recommend you contact your Farmers Insurance agency at 970-444-1111

Sincerely,
MID-CENTURY INSURANCE COMPANY

cc: JESSE DRYER
07-50-318

022/005 000025 0606/31419 (4) BN15251220 000465





Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Examples
Personal Identifiers	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.
Personal Characteristics	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.
Commercial Information	Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.
Biometric Information	Voice print, photo.
Internet or Network Activity	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.
Geolocation	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.
Audio, Electronic, Visual, Thermal, Olfactory	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.
Professional Information and Employment Information	Job titles, work history, school attended, employment status, veteran, or military status.
Education Information	Job titles, work history, school attended, marital status, e-mail, telephone recordings.
Inferences	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.
Sensitive Personal Information	Social security number, drivers license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us.

022/006 000025 0606/31419 { 4 } BN1S251220 000466



We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group[®] of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an opt-out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures - other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out Form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an opt-out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

0ZZ/007 000025 0606/3 1419 { 4 } BNN 15251220 000467





Important Information About Your Cyber Liability And Data Breach Response Coverage

We want to let you know about a change to your cyber coverage. Your old "cyber liability and data breach expense coverage" is now **Cyber Liability And Data Breach Response Coverage**. This new coverage includes everything your old coverage did, plus five new benefits. The price for this coverage has not changed. You can also get higher coverage limits. If you think more protection would help your business, please contact your Farmers® agent.

Please read the information below to learn more about your new coverage and its benefits.

What is Cyber Liability and Data Breach Response Coverage?

This coverage helps protect your business in case of a cyber incident. It includes:

Third-party coverage:

- Information Security and Privacy Liability (included in your old coverage)
- Regulatory Defense and Penalties (included in your old coverage)
- Website Media Content Liability
- Payment Card Industry (PCI) Fines, Expenses and Costs

First-party coverage:

- Privacy Breach Response Services (included in your old coverage)
- Cyber Extortion
- First-Party Data Protection
- First-Party Network Business Interruption

Here's a closer look at what each coverage provides:

Information Security and Privacy Liability, which helps cover legal costs if you are responsible for:

- Theft, loss or unauthorized sharing of customer or company information.
- Security breaches due to computer security failures.
- Damage to data stored on your systems.
- Sending malicious code.
- Participation in a denial-of-service attack.
- Not following breach notification laws.
- Not following your privacy policy
- Not managing identity theft or information disposal programs correctly.

Privacy Breach Response Services

If a data breach happens, this coverage provides:

- Expert help to find out what happened and what steps to take.
- Help notifying customers that the law requires you to notify.
- Help notifying people who may be affected by a breach, even if you are not legally required to do so.
- Call center services.
- Help to fix and reduce the impact of the breach.

Regulatory Defense and Penalties: This helps cover costs and penalties from regulatory actions due to a covered incident.



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	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West 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	Not applicable

- 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	Not applicable

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.



022/010 000025 0606731419 (4) BNI5251220 000470

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



J7104
1st Edition

POLICY NUMBER: 60673-14-19

AMENDMENT OF NAMED INSURED

SCHEDULE

The following is/are the Named Insured(s) on this policy:

THE HOMESTEAD IN GRAND
JUNCTION HOMEOWNERS ASSOCIATION INC

0ZZ/011 000025 0606/31419 (4) BNIS251220 0004/1



This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



Important Notice About Your Insurance

Dear Insured,

We want to make sure you're aware that this insurance policy does not include workers compensation coverage. This means it will not pay for medical bills or lost wages if your employees get hurt on the job.

Your state may have laws that require you to have this type of coverage. Please make sure you follow the laws in your state.

For questions, please contact your Farmers[®] agent, or call us at (855)323-5350.

Thanks for choosing Farmers. We're grateful for the opportunity to serve you.

Farmers Insurance Group of Companies[®]

0ZZ/011Z 000025 0606/3 1419 (4) BNIS251220 0004/Z



THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



J6300
3rd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I	
Terrorism Premium (Certified Acts) \$	353.00
Additional information, if any, concerning the terrorism premium:	
SCHEDULE - PART II	
Federal share of terrorism losses	<u>80</u> % Year: <u>2026</u>
(Refer to Paragraph B. in this endorsement)	
Federal share of terrorism losses	<u>80</u> % Year: <u>2027</u>
(Refer to Paragraph B. in this endorsement)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

02/2/013 000025 0606/31419 (4) BN1S251220 0004/3





POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

Named Insured THE HOMESTEAD IN GRAND
*SEE J7104 AMEND TO NAMED INS

Mailing Address 607 S 7TH ST
GRAND JUNCTION, CO 81501-7734

Policy Number 60673-14-19

Auditable

Policy Period From 02-18-2026
To 02-18-2027 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

Favorable Loss Experience Discount

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

Your Agent Jesse Dryer
Jesse Dryer Agency Llc
2777 Crssrd Blvd #2
Grand Junction, CO 81506
(970) 444-1111

02/14/2026 0000/31419147DIN132012200004/4



PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

Option: BV - Blanket Value (see Base Coverage & Extensions for the total limit)
Valuation: ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC - Functional RC; GRC - Guaranteed RC
Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address
001	All	2459 Thunder Mountain Dr Grand Junction, CO 81505-4861	

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
sustains loss or damage; and c. Business Personal Property in the open.				

022/015 000025 0606/31419 { 4 } BN15251220 000475



**LIABILITY AND MEDICAL EXPENSES
COVERAGE AND LIMITS OF INSURANCE**

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit
 (M) Public Area Square Feet
 (O) Other:

Covered Premises And Operations

Address	Classification /Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
2459 Thunder Mountain Dr Grand Junction, CO 81505-4861	Condominiums / Townhomes Swimming Pool	8641 00097	Incl U	Included 1	Included Included	Included Included

022/016 000025 0606/31419 { 4 } BNI15251220 000476





Mid-Century Insurance Company (A Stock Company)
Member Of The Farmers Insurance Group Of Companies®

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

DECLARATIONS CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE

THIS COVERAGE INCLUDES CLAIMS MADE AND REPORTED COVERAGES. SUBJECT TO ITS TERMS, THIS COVERAGE FORM'S CLAIMS MADE COVERAGES APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, DURING THE OPTIONAL EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDES DEFENSE COSTS, SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THE COVERAGE FORM CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

Named Insured THE HOMESTEAD IN GRAND
*SEE J7104 AMEND TO NAMED INS

Policy Number 60673-14-19

Mailing Address 607 S 7TH ST
GRAND JUNCTION, CO 81501-7734

Policy Period From: 02-18-2026
To: 02-18-2027 12:01 A.M. Standard time at your mailing address shown above.

Retroactive Date: 02/18/2019

Continuity Date: 02/18/2019

Optional Extension Period:
Length of optional extension period: _____

If no time period is stated, optional extension period coverage is not provided.

Cyber Extortion Hot Line: 1-800-435-7764



022/018 000025 0606/31419 (4) BIN1S251220 00004/8

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

E0224
4th Edition

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS COVERAGE FORM
CONDOMINIUM COVERAGE FORM

SCHEDULE

Location No.	Windstorm or Hail Deductible Percentage
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

The Windstorm or Hail Deductible, as shown in the Schedule, applies to loss of damage to Covered Property caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage. If loss or damage from a covered weather condition other than Windstorm or Hail occurs, and that loss or damage would not have occurred but for Windstorm or Hail, such loss or damage shall be considered to be caused by Windstorm or Hail and therefore part of a Windstorm or Hail occurrence.

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

The Windstorm or Hail Deductible applies whenever there is an occurrence of Windstorm or Hail.

WINDSTORM OR HAIL DEDUCTIBLE CLAUSE

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to the percentage 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 or structure that sustains loss or damage;
2. The building or structure and to personal property in that building or structure, of both sustain loss or damage;
3. Personal property at each building or structure that sustains loss or damage.

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, up to the applicable Limit(s) of insurance.

When property is covered under the Coverage Extension for Newly Acquired 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) of the property at the time of loss. The applicable percentage for Newly Acquired Property is the highest percentage shown in the Schedule for any described premises.

EXAMPLE - APPLICATION OF 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%.

022/019 000025 0606/31419 { 4 } BN15251220 000479



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



J7504
1st Edition

COSMETIC DAMAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the:

- APARTMENT OWNERS PROPERTY COVERAGE FORM
- CONDOMINIUM PROPERTY COVERAGE FORM
- BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM

SCHEDULE

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

A. The following provision applies with respect to the building(s) identified in the Schedule above:

We will not pay for "cosmetic damage" caused by windstorm or hail to metal roof surfaces, "metal roof materials", or "metal exterior building surfaces" that are part of the buildings and structures.

B. For purposes of this endorsement, the following definitions apply:

1. "Cosmetic damage" means:

Marring, pitting or other superficial damage that has altered the exterior appearance of the metal roof surfaces, "metal roof materials", "metal exterior building surfaces", and/or their finishes, caused by windstorm or hail. This includes, but is not limited to, any disfigurement, blemish, discoloration, weathering, stretching, scratching, chipping, cracking, scorching, denting, creasing, gouging, fading, staining, tearing, oxidizing, blistering, or thinning.

2. "Metal roof materials" include:

- a.** All metal component parts of the roof which are exposed to the weather, including those which extend above the surface of the roof, including, but not limited to all vents, vent caps, turbines and piping;
- b.** Any materials that are installed when repairing or replacing "metal roof materials", including, but not limited to, sheathing, decking, and flashing.

3. "Metal exterior building surfaces" include:

- a.** HVAC unit enclosures, covered parking structures, skylights, flashings, chimney caps, siding, doors, roofs, walls, window frames and gutters.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

022/021 000025 0606/31419 (4) BN15251220 000481





Reciprocal Provisions

Applies only if this policy is issued by Truck Insurance Exchange, Farmers Insurance Exchange, or Fire Insurance Exchange.

This policy is made and issued in consideration of your premium payment to us. It is also issued in consideration of the information you gave to us during the application process, some of which is set out in the Declarations, and in consideration of the Subscription Agreement, which is provided to you and is incorporated herein by reference. You acknowledge that you have read, understood, and agree to all the terms and conditions of the Subscription Agreement. Among other things, the Subscription Agreement appoints your Attorney-in-Fact, authorizes your Attorney-in-Fact to execute interinsurance policies between you and other subscribers and to perform various functions, and addresses compensation of the Attorney-in-Fact. Membership fees that you pay as a subscriber are not part of the premium and are not returnable, unless otherwise required by state law.

We hold the Annual Meeting of the members of the Truck Insurance Exchange at our Home Office at Los Angeles, California, on the first Tuesday following the first Monday following the 15th day of March each year at 1:00 p.m. If this policy is issued by Farmers Insurance Exchange, we hold the Annual Meeting of the members of Farmers Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 2:00 pm. If this policy is issued by Fire Insurance Exchange, we hold the Annual Meeting of the members of Fire Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 10:00 a.m. The Board of Governors may elect to change the time and place of the meeting. If they do so, you will be mailed a written or printed notice at your last known address at least ten (10) days before such a time, barring a public safety incident or an emergency situation that would prevent timely notice. Otherwise, no notice will be sent to you.

The Board of Governors shall be chosen by subscribers from among yourselves. This will take place at the Annual Meeting or at any special meeting that is held for that purpose. The Board of Governors shall have full power and authority to establish such rules and regulations for our management as are not inconsistent with the Subscription Agreement.

Your premium for this policy and all payment made for its continuance shall be payable to us at our Home Office or such location named by us in your premium notice.

This policy is non-assessable.

Policy Fee Provisions

Applies only if this policy is issued by Mid-Century Insurance Company.

If you pay a policy fee it is fully earned when the policy is issued. It is not part of the premium. It is not returnable.

TRUCK INSURANCE EXCHANGE
By Truck Underwriters Association
Attorney-in-Fact

FARMERS INSURANCE EXCHANGE
By Farmers Underwriters Association
Attorney-in-Fact

FIRE INSURANCE EXCHANGE
By Fire Underwriters Association
Attorney-in-Fact

MID-CENTURY INSURANCE COMPANY

Secretary

President Of Business Insurance

022/0222 000025 0606/31419 { 4 } BNI15251220 000482

