



Policyholder Information

Named Insured & Mailing Address

CEDAR MESA RANCHES H.O.A.
PO BOX 62
MANCOS, CO 81328

Agent Mailing Address & Phone No.

(970) 824-8185
MOUNTAIN WEST INS & FINANCIAL
SERVICES LLC
100 E VICTORY WAY
CRAIG, CO 81625-1914

Dear Policyholder:

We know you work hard to build your business. We work together with your agent, MOUNTAIN WEST INS & FINANCIAL (970) 824-8185 to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

- Commercial Package

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (970) 824-8185



Reminders

- Verify that all information is correct
If you have any changes, please contact your Agent at (970) 824-8185
In case of a claim, call your Agent or 1-800-362-0000

THIS IS NOT A BILL

You Need To Know

- CONTINUED ON NEXT PAGE

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
 West American Insurance Company
 9450 Seward Road, Fairfield, Ohio 45014

Policy Number:
BKW(18) 57 26 66 98
 Policy Period:
From 08/11/2017 To 08/11/2018
 12:01 am Standard Time
 at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

CEDAR MESA RANCHES H.O.A.
 PO BOX 62
 MANCOS, CO 81328

Agent Mailing Address & Phone No.

(970) 824-8185
 MOUNTAIN WEST INS & FINANCIAL
 SERVICES LLC
 100 E VICTORY WAY
 CRAIG, CO 81625-1914

Named Insured Is: OTHER

Named Insured Business Is: HOME OWNERS ASSOCIATION

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

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$239.00
Commercial General Liability	\$1,405.00

Total Charges for all of the above coverage parts: \$1,644.00
Certified Acts of Terrorism Coverage: \$11.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Servicing Office Denver Regional Office
 and Issue Date

 Authorized Representative

To report a claim, call your Agent or 1-800-366-6446

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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured	Agent
CEDAR MESA RANCHES H.O.A.	(970) 824-8185 MOUNTAIN WEST INS & FINANCIAL SERVICES LLC

SUMMARY OF LOCATIONS

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

- 0001 ROAD 36 and 7/10 Building 1, Mancos, CO 81328
- 0002 Road 36 and 7/10 Building 2, Mancos, CO 81328

POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 03 00 01 96	Deductible Liability Insurance
CG 20 17 10 93	Additional Insured -Townhouse Association
CG 21 04 11 85	Exclusion-Products/Completed Operations Hazard
CG 21 06 05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 60 09 98	Exclusion- Year 2000 Computer-Related and Other Electronic Problems
CG 21 65 12 04	Total Pollution Exclusion with a Building Heating, Cooling and Dehumidifying Equipment Exception and a Hostile Fire Exception
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 70 01 15	Cap on Losses from Certified Acts of Terrorism
CG 21 76 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CG 21 86 12 04	Exclusion - Exterior Insulation and Finish Systems
CG 24 26 04 13	Amendment of Insured Contract Definition

In witness whereof, we have caused this policy to be signed by our authorized officers.

Mark Touhey
Secretary

Paul Condrin
President

To report a claim, call your Agent or 1-800-362-0000
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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations**

Named Insured

Agent

CEDAR MESA RANCHES H.O.A.

(970) 824-8185
MOUNTAIN WEST INS & FINANCIAL
SERVICES LLC

SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Property Schedule Totals	\$234.00
	Certified Acts of Terrorism Coverage	\$5.00

Total Advance Charges: \$239.00

Note: This is not a bill



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To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations Schedule**

Named Insured

Agent

CEDAR MESA RANCHES H.O.A.

(970) 824-8185
MOUNTAIN WEST INS & FINANCIAL
SERVICES LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 ROAD36 and 7/10 Building 1, Mancos, CO81328

**Property
Characteristics**

Description:

Construction: Frame

**Building
Coverage**

Occupancy: Townhouses or Similar Associations (Association Risk Only)
- Over 30 Units

Description

Limit of Insurance - Replacement Cost	\$12,606
Coinsurance	90%
Inflation Guard - Annual Increase	4%
Covered Causes of Loss	
Special Form - Including Theft	
Deductible - All Covered Causes of Loss Unless Otherwise Stated	\$500

Premium \$41.00

**Equipment
Breakdown
Coverage**

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium \$1.00

To report a claim, call your Agent or 1-800-362-0000



Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations Schedule**

Named Insured

Agent

CEDAR MESA RANCHES H.O.A.

(970) 824-8185
MOUNTAIN WEST INS & FINANCIAL
SERVICES LLC

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

0002 Road 36 and 7/10 Building 2, Mancos, CO 81328

**Property
Characteristics**

Description:

Construction: Frame

**Building
Coverage**

Occupancy: Townhouses or Similar Associations (Association Risk Only)
- Over 30 Units

Description

Limit of Insurance - Replacement Cost **\$12,522**

Coinsurance **90%**

Inflation Guard - Annual Increase **4%**

Covered Causes of Loss

Special Form - Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated **\$500**

Premium \$41.00

**Equipment
Breakdown
Coverage**

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium \$1.00

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial Property
Declarations Schedule**

Named Insured	Agent
CEDAR MESA RANCHES H.O.A.	(970) 824-8185 MOUNTAIN WEST INS & FINANCIAL SERVICES LLC

SUMMARY OF OTHER PROPERTY COVERAGES

Identity Theft Administrative Services And Expense Coverage	Description	Premium	
	Limit of Insurance		See Endorsement CP9059
		\$7.00	
Property Extension Endorsement	Description	Premium	
	Property Extension Plus	\$143.00	
		\$143.00	
Commercial Property Schedule Total:			\$234.00

To report a claim, call your Agent or 1-800-362-0000

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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial General Liability
Declarations**

Basis: Occurrence

Named Insured

Agent

CEDAR MESA RANCHES H.O.A.

(970) 824-8185
MOUNTAIN WEST INS & FINANCIAL
SERVICES LLC

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	100,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	excluded

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	1,399.00
	Certified Acts of Terrorism Coverage	6.00

Total Advance Charges: \$1,405.00
Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



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Coverage Is Provided In:
West American Insurance Company

Policy Number:
BKW (18) 57 26 66 98
Policy Period:
From 08/11/2017 To 08/11/2018
12:01 am Standard Time
at Insured Mailing Location

**Commercial General Liability
Declarations Schedule**

Named Insured

Agent

CEDAR MESA RANCHES H.O.A.

(970) 824-8185
MOUNTAIN WEST INS & FINANCIAL
SERVICES LLC

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 ROAD36 and 7/10 Building 1, Mancos, CO81328

Insured: CEDAR MESA RANCHES H.O.A.

CLASSIFICATION - 68500

Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	139 Number of Units	5.808	\$807.00
<i>Total:</i>			<i>Included</i>

0002 Road 36 and 7/10 Building 2, Mancos, CO81328

Insured: CEDAR MESA RANCHES H.O.A.

CLASSIFICATION - 48727

Products-Completed Operations Are Subject To The General
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	10 Number of Miles	59.198	\$592.00
<i>Total:</i>			<i>Included</i>

Commercial General Liability Schedule Total

\$1,399.00

To report a claim, call your Agent or 1-800-362-0000

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount and Basis of Deductible	
	PER CLAIM	or PER OCCURRENCE
Bodily Injury Liability	\$	\$
OR		
Property Damage Liability	\$	\$ 500
OR		
Bodily Injury Liability and/or Property Damage Liability Combined	\$	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):

This deductible also applies on a per claim basis to damages caused by overspray from spray painting operations.

- A. Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.
- B. You may select a deductible amount on either a per claim or a per "occurrence" basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:
 - 1. PERCLAIM BASIS. If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:
 - a. Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";
 - b. Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or
 - c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:
 - (1) "Bodily injury";
 - (2) "Property damage"; or
 - (3) "Bodily injury" and "property damage" combined



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as the result of any one "occurrence".

If damages are claimed for care, loss of services or death resulting at any time from "bodily injury", a separate deductible amount will be applied to each person making a claim for such damages.

With respect to "property damage", person includes an organization.

2. PER OCCURRENCE BASIS. If the deductible amount indicated in the Schedule above is on a "per occurrence" basis, that deductible amount applies as follows:
 - a. Under Bodily Injury Liability Coverage, to all damages because of "bodily injury";
 - b. Under Property Damage Liability Coverage, to all damages because of "property damage"; or
 - c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages because of:
 - (1) "Bodily injury";
 - (2) "Property damage"; or
 - (3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

- C. The terms of this insurance, including those with respect to:
 1. Our right and duty to defend the insured against any "suits" seeking those damages; and
 2. Your duties in the event of an "occurrence," claim, or "suit" apply irrespective of the application of the deductible amount.
- D. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE PROVISIONS

This endorsement modifies insurance provided under the following:

- BUILDERS' RISK COVERAGE FORM
- BUILDING AND PERSONAL PROPERTY COVERAGE FORM
- CONDOMINIUM ASSOCIATION COVERAGE FORM
- CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
- STANDARD PROPERTY POLICY

SCHEDULE

Location Number:	Building Number:	Applicable Clause C.1. (Enter C.1., C.2., C.3. or C.4.):
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ROAD 36 and 7/10 Building 1

Mancos
CO
81328

Description of Property:

BUSINESS PERSONAL PROPERTY

Loss Payee Name:

US POSTAL SERVICE

Loss Payee Address:

291 N WALNUT ST

MANCOS, CO 81328

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



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