



## 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

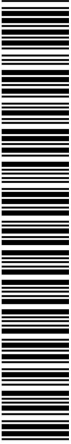
**THIS IS  
NOT A  
BILL**

### 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

Policy Number:  
**BKW(19) 57 26 66 98**  
Policy Period:  
**From 08/11/2018 To 08/11/2019**  
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	\$304.00
Commercial General Liability	\$1,648.00

**Total Charges for all of the above coverage parts: \$1,952.00**  
**Certified Acts of Terrorism Coverage: \$14.00 (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.

Issue Date

Authorized Representative

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

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**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 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
CG 84 99 08 09	Non-Cumulation Liability Limits Same Occurrence
CG 88 10 04 13	Commercial General Liability Extension

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 (19) 57 26 66 98**  
Policy Period:  
**From 08/11/2018 To 08/11/2019**  
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
	<b>Property Schedule Totals</b>	<b>\$297.00</b>
	<b>Certified Acts of Terrorism Coverage</b>	<b>\$7.00</b>

**Total Advance Charges: \$304.00**  
*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

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**BKW (19) 57 26 66 98**  
 Policy Period:  
**From 08/11/2018 To 08/11/2019**  
 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	<b>\$13,148</b>
Coinsurance	<b>90%</b>
Inflation Guard - Annual Increase	<b>4%</b>

**Covered Causes of Loss**

Special Form - Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated	<b>\$500</b>
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**Premium \$54.00**

**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 (19) 57 26 66 98**  
Policy Period:  
**From 08/11/2018 To 08/11/2019**  
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	\$13,060
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
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**Premium \$54.00**

**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 (19) 57 26 66 98**  
Policy Period:  
**From 08/11/2018 To 08/11/2019**  
12:01 am Standard Time  
at Insured Mailing Location

**Commercial Property  
Declarations Schedule**

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

**SUMMARY OF OTHER PROPERTY COVERAGES**

<b>Identity Theft Administrative Services And Expense Coverage</b>	<b>Description</b>		
	Limit of Insurance	See Endorsement CP9059	
		<b>Premium</b>	<b>\$9.00</b>
<b>Property Extension Endorsement</b>	<b>Description</b>		
	Property Extension Plus	\$178.00	
		<b>Premium</b>	<b>\$178.00</b>
<b>Commercial Property Schedule Total:</b>			<b>\$297.00</b>

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 (19) 57 26 66 98**  
Policy Period:  
**From 08/11/2018 To 08/11/2019**  
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**

<b>Commercial General Liability Limits of Insurance</b>	<b>DESCRIPTION</b>	<b>LIMIT</b>
	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

<b>Explanation of Charges</b>	<b>DESCRIPTION</b>	<b>PREMIUM</b>
	General Liability Schedule Totals	1,641.00
	Certified Acts of Terrorism Coverage	7.00

**Total Advance Charges: \$1,648.00**  
*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 (19) 57 26 66 98**  
Policy Period:  
**From 08/11/2018 To 08/11/2019**  
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**  
Townhouse Associations (association risk only)  
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	6.749	\$938.00
<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**  
Streets, Roads, Highways Or Bridges - Existence And Maintenance Hazard Only  
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	70.336	\$703.00
<i>Total:</i>			<i>Included</i>

**Commercial General Liability Schedule Total \$1,641.00**

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

**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**

<b>Location Number:</b>	<b>Building Number:</b>	<b>Applicable Clause</b> C.1. <b>(Enter C.1., C.2., C.3. or C.4.):</b>
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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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