

## RENEWAL CERTIFICATE

**COMMON POLICY DECLARATIONS**  
CONDOMINIUM PAC  
**BUSINESS: CONDOMINIUMS**

**POLICY NO.:** I-680-2796A295-IND-09  
**ISSUE DATE:** 03-30-09

**INSURING COMPANY:**  
THE TRAVELERS INDEMNITY COMPANY

**1. NAMED INSURED AND MAILING ADDRESS:**

SNOWDANCE MANOR CONDO ASSOC  
PO BOX 1726

DILLON CD 80435

**2. POLICY PERIOD:** From 05-10-09 to 05-10-10 12:01 A.M. Standard Time at your mailing address.

**3. LOCATIONS:**

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	CONDOMINIUMS	23034 US HWY 6 KEYSTONE CO 80435

**4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:**

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	IND
Directors & Officers Coverage Supplement	IND

**5.** The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

**6. SUPPLEMENTAL POLICIES:** Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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DIRECT BILL

**7. PREMIUM SUMMARY:**

Provisional Premium	\$	6,726.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

INSURANCE OF THE ROCKIES WB155  
PO BOX 2790  
FRISCO CO 80443

COUNTERSIGNED BY:

*Betty Nafly*  
Authorized Representative

DATE: 6/18/09





**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

CONDOMINIUM PAC

**POLICY NO.:** I-680-2796A295-IND-09

**ISSUE DATE:** 03-30-09

**INSURING COMPANY:**  
THE TRAVELERS INDEMNITY COMPANY

**POLICY PERIOD:**  
From 05-10-09 to 05-10-10 12:01 A.M. Standard Time at your mailing address.

**FORM OF BUSINESS:** CONDO ASSOC

**COVERAGES AND LIMITS OF INSURANCE:** Insurance applies only to an item for which a "limit" or the word "included" is shown.

**COMMERCIAL GENERAL LIABILITY COVERAGE**

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

**BUSINESSOWNERS PROPERTY COVERAGE**

**DEDUCTIBLE AMOUNT:** Businessowners Property Coverage: \$ 5,000 per occurrence.  
 Building Glass: \$ 250 per occurrence.

**BUSINESS INCOME/EXTRA EXPENSE LIMIT:** Actual loss for 12 consecutive months

**Period of Restoration-Time Period:** Immediately

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

**SPECIAL PROVISIONS:**

**COMMERCIAL GENERAL LIABILITY COVERAGE  
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**



BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01

BUILDING NO.: 01

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 5,408,000	RC*	N/A	4.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.





One Tower Square, Hartford, Connecticut 06183

**POLICY DECLARATIONS  
COMMERCIAL EXCESS LIABILITY  
(UMBRELLA) INSURANCE POLICY**

**POLICY NO.:** ISF-CUP-0215Y828-IND-09  
**ISSUE DATE:** 03-30-09

**INSURING COMPANY:**  
THE TRAVELERS INDEMNITY COMPANY

**1. NAMED INSURED AND MAILING ADDRESS:**

SNOWDANCE MANOR CONDO ASSOC  
PO BOX 1726

DILLON CO 80435

THIS POLICY DOES NOT  
COVER LIABILITY  
ARISING OUT OF  
ASBESTOS MATERIAL  
SEE ENDORSEMENT  
UM 01 96 07 96

**2. THE NAMED INSURED IS A:**

CORPORATION  SOLE PROPRIETOR  PARTNERSHIP OR JOINT VENTURE  OTHER  
CONDO ASSOC

**3. POLICY PERIOD:** From 05-10-09 to 05-10-10 12:01 A.M. Standard Time at your mailing address.

**4. PREMIUM:** \* \$ 1,590  Flat Charge  Adjustable (See premium schedule)

\* DIRECT BILL

**5. LIMITS OF INSURANCE:**

COVERAGES		LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	2,000,000 2,000,000	Products/Completed Operations Aggregate General Aggregate
COVERAGE A - Bodily Injury and Property Damage Liability	2,000,000	any one occurrence subject to the Products/ Completed Operations and the General Aggregate Limits
COVERAGE B - Personal and Advertising Injury Liability	2,000,000	any one person or organization subject to the General Aggregate Limit of Liability
RETAINED LIMIT	5,000	any one occurrence or offense

**6. SCHEDULE OF UNDERLYING INSURANCE:**

POLICY	LIMITS (000 omitted)	COVERAGE	COMPANY
SEE ENDORSEMENT CG DO 23 04 96			

**7. On the effective date shown in Item 3, the Commercial Excess Liability (Umbrella) Insurance Policy numbered above includes this Declarations Page and the Policy Jacket (Form UM 00 76 which contains the Nuclear Energy Liability Exclusion) and any endorsements listed hereafter:**

SEE END. IL T8 01 01 01

**NAME AND ADDRESS OF AGENT OR BROKER:**

INSURANCE OF THE ROCKIES WB155  
PO BOX 2790  
FRISCO CO 80443

**COUNTERSIGNED BY:**

*Betty Naff*  
\_\_\_\_\_  
Authorized Representative

DATE: 6/18/09

**CG T0 14 04 96**  
**OFFICE: DENVER**



