

# *Arrow insurance management*

*"The Insurance People"*

October 17, 2012

Cobblestone Homeowners Assoc.  
c/o Brian Shorter  
3098 E Nichols Cr  
Centennial, CO 80122

RE: Allstate Insurance Company  
Commercial Package Policy #648539892  
Effective 10/25/12 to 10/25/13

Brian,

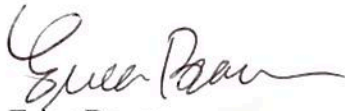
Enclosed is the renewal of your Commercial Package. Please review the policy carefully and make sure that all of the information is correct. If anything needs to be changed, please contact us immediately.

Please read your policy carefully and become aware of the coverage afforded by it. Please keep in mind, optional coverage and higher limits are available for additional costs. Let us know if you are interested in quotes or wish to discuss in further detail.

A brief summary of coverage is included with this mailing; however, you should refer to the policy for actual terms and conditions of the contract. If you need Certificates of Insurance mailed out for the renewal term please furnish us with a current list of unit owners.

Thank you for choosing Arrow Insurance for your insurance needs. We appreciate your business.

For The Arrow Insurance Team,



Erica Baum  
Arrow Insurance Mgt - Frisco



P.O. Box 918  
Avon, Colorado 81620  
(970) 949-5110  
(970) 949-6306 Fax

P.O. Box 860  
Breckenridge, Colorado 80424  
(970) 453-6496  
(970) 453-7891 Fax

P.O. Box 5000  
Frisco, Colorado 80443  
(970) 668-3500  
(970) 668-3342 Fax

# SUMMARY OF INSURANCE

Prepared: 10/17/2012

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For **Cobblestone Homeowners Associa**  
**c/o Brian Shorter**  
**3098 E Nichols Cr**  
**Centennial, CO**  
**80122**

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
<b>Commercial Application</b>		Allstate Insurance Company	648539892	10/25/12	10/25/13	
<b>General Liability</b>		Allstate Insurance Company	648539892	10/25/12	10/25/13	
Occurrence						
General Aggregate	2,000,000					
Products/Completed Oper. Aggr.	2,000,000					
Personal & Advertising Injury	1,000,000					
Each Occurrence	1,000,000					
Damage to Rented Premises	100,000					
Medical Expense (Any One Person)	5,000					
Other Coverages, Restrictions, And/Or Endorsements						
BOARD OF MANAGERS LIABILITY						
NON-OWNER LIABILITY/ HIRED AUTO						
TERRORISM						
WATER DAMAGE - SEWER/SUMP PUMP BACKUP						
Location 1 Building 1						
Premium Basis: 12,000						
(A) Area - Per \$1,000/SQ FT						
Location 1 Building 2						
Premium Basis: 6000						
(A) Area - Per \$1,000/SQ FT						
<b>Property</b>		Allstate Insurance Company	648539892	10/25/12	10/25/13	
Policy Level Information						
BLANKET BUILDING COV						
Premise 1 Building 1						
602-4 Granite St Frisco , CO 80443						
BUILDING -	1,536,000					
Coins % 100						
Valuation RC						
Cause of Loss SPEC						
Deductible 2500						
Premise 1 Building 2						

# SUMMARY OF INSURANCE

Prepared: 10/17/2012

Page 2

For Cobblestone Homeowners Associa  
c/o Brian Shorter  
3098 E Nichols Cr  
Centennial, CO  
80122

Coverage	Amount	Company	Policy No	Eff	Exp	Premium
Property (Continued)						
602-4 Granite St Frisco , CO 80443						
BUILDING -	769,000					
Coins % 100						
Valuation RC						
Cause of Loss SPEC						
Deductible 2500						

OCT 12 2012

**ALLSTATE INSURANCE COMPANY**  
51 W. HIGGINS ROAD  
SOUTH BARRINGTON, IL 60010**New Policy Offer and Notice of Non-Renewal of Current Policy**

10-05-12

COBBLESTONE HOMEOWNERS ASSOCIATION  
PO BOX 1503  
FRISCO CO 80443-1503

New Policy Number: 648539892

Effective Date and Time: 10-25-2012 at 12:01 a.m. Standard Time

Current Policy number: 050379568

Non-renewal date and time: 10-25-2012 at 12:01 a.m. Standard Time

**Thank you for being an Allstate customer – we genuinely appreciate your business!** For more than 75 years we've helped customers protect what's important to them by offering:

- Quality coverage at competitive prices
- Access to our knowledgeable, helpful agent network
- The peace of mind of knowing your insurance provider is one of the most experienced in the industry

**Important Policy Change Information**

We are making some improvements to our products to better serve the needs of business owners. With these improvements and because the Customizer policy is no longer available, we are non-renewing your current policy and offering you a new Allstate Commercial Package Policy, which includes the following coverages\*:

- ✓ Equipment breakdown – included with property coverage
- ✓ Data compromise/identity theft coverage - optional
- ✓ Employment practices liability coverage – optional

Please keep in mind that your current policy will remain in effect until the non-renewal date and time shown above.

**Accepting Your New Policy Is Easy!**

Accepting your new Allstate Commercial Package Policy is easy:

- 1** Review your Policy Declarations, policy jacket and other policy forms (included in this package) and make sure you're comfortable with everything – there are differences between your current policy and this new policy offer
- 2** Contact your Allstate representative if you have any questions
- 3** Pay at least the minimum amount due on your bill – which you'll receive in a separate mailing – by the due date indicated on it

Please contact your Allstate representative at (970) 668-3500

if you have any questions.

**We Appreciate Your Business!**

Thank you for choosing Allstate. We appreciate the opportunity to help you protect what you have today and help prepare you for the future.



Richard J. Law  
President, Allstate Business Insurance

\* Coverages subject to policy terms and conditions.



BU114R-3

NM CW 57 01 11



**Policy Number**  
**648539892**

**COMMON POLICY DECLARATIONS**  
**Allstate Insurance Company**  
 2775 Sanders Road, Northbrook, IL 60062  
**A STOCK INSURANCE COMPANY**

<b>Item 1. Named Insured and Mailing Address</b> COBBLESTONE HOMEOWNERS (SEE NAMED INSURED ENDT) PO BOX 1503 FRISCO CO 80443-1503	<b>Agent Name and Address</b> ARROW INSURANCE PO BOX 5000 695 SUMMIT FRISCO CO 80443-5000
<b>Item 2. Policy Period</b> From: 10-25-2012      To: 10-25-2013 at 12:01 A.M., Standard Time at your mailing address shown above.	
<b>Item 3. Business Description:</b> Form of Business: ASSOCIATION	
<b>Item 4.</b> 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.  This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.	
<b>Coverage Part(s)</b>	<b>Premium</b>
Commercial Property Coverage Part	\$ 4,325.00
Commercial General Liability Coverage Part	\$ 535.00
Crime and Fidelity Coverage Part	\$ 99.00
Commercial Inland Marine Coverage Part	NOT COVERED
Commercial Auto (Business or Truckers) Coverage Part	NOT COVERED
Commercial Garage Coverage Part	NOT COVERED
Terrorism Risk Insurance Act Coverage	\$ 48.00
<b>Total Policy Premium</b> \$ 5,007.00	
<b>Item 5. Forms and Endorsements</b> Form(s) and Endorsement(s) made a part of this policy at time of issue: <b>See Schedule of Forms and Endorsements</b>	

Countersigned:

Date: 10-05-12

 By: ARROW INSURANCE  
 Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

**Policy Number**  
**648539892**

**SCHEDULE OF NAMED INSURED(S)**  
**Allstate Insurance Company**

Named Insured COBBLESTONE HOMEOWNERS

Effective Date: 10-25-12  
12:01 A.M., Standard Time

Agent Name ARROW INSURANCE

DM CW 02 (cont.)

THE NAMED INSURED ON FORM DM CW 02 IS AMENDED TO READ:

COBBLESTONE HOMEOWNERS  
ASSOCIATION



POLICY NUMBER: 648539892

**MULTILINE**  
**AM CW 02 11 09**

**WITNESS CLAUSE**

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois



Mary Jovita McGinn

Secretary



Thomas J. Wilson

President

Countersigned by : ARROW INSURANCE, Authorized Representative





**Policy Number**  
**648539892**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

**Allstate Insurance Company**

Named Insured COBBLESTONE HOMEOWNERS

Effective Date: 10-25-12

12:01 A.M., Standard Time

Agent Name ARROW INSURANCE

**COMMON POLICY FORMS AND ENDORSEMENTS**

DM CW 02	01-10	COMMON POLICY DECLARATIONS
DM CW 03	01-10	SCHEDULE OF NAMED INSURED(S)
AM CW 02	11-09	WITNESS CLAUSE
DM CW 12	01-10	SCHEDULE OF FORMS AND ENDORSEMENTS
DM CW 14	01-10	SCHEDULE OF LOCATIONS
AM CW 01	11-09	AMENDATORY ENDORSEMENT
IL 00 17	11-98	COMMON POLICY CONDITIONS
IL 00 21	09-08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDT
IL 09 85	01-08	DISCLOSURE PURSUANT/TERROR RISK INS ACT
IL 01 69	09-07	CO CHANGES-CONCEALMENT, MISREP. OR FRAUD
IL 02 28	09-07	COLORADO CHANGES-CANC & NONRENEWAL
IL 00 03	09-08	CALCULATION OF PREMIUM
IL 09 35	07-02	EXCL OF CERTAIN COMPUTER- RELATED LOSSES
IL 09 52	03-08	CAP/LOSSES FROM CERTIFIED ACTS OF TERROR
IL 09 53	01-08	EXCL/CERT ACTS-TERROR; COV/FIRE LOSSES

**PROPERTY FORMS AND ENDORSEMENTS**

DP CW 12	01-10	COMM PROPERTY COV PART SUPP DEC
CP 00 17	06-07	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP 00 90	07-88	COMMERCIAL PROPERTY CONDITIONS
AP CW 10	11-09	WATER DAMAGE ENDORSEMENT
HP CW 03	11-09	EQUIPMENT BREAKDOWN COVERAGE FORM
CP 01 40	07-06	EXCL OF LOSS DUE TO VIRUS OR BACTERIA
CP 03 20	10-92	MULTIPLE DEDUCTIBLE FORM
CP 10 30	06-07	CAUSES OF LOSS - SPECIAL FORM
CP 10 32	08-08	WATER EXCLUSION ENDORSEMENT

**GENERAL LIABILITY FORMS AND ENDORSEMENTS**

DL CW 22	01-10	COMM GENERAL LIABILITY COVERAGE SUPP DEC
DL CW 12	01-10	COMM GENERAL LIABILITY COVERAGE SCHEDULE
CG 00 01	12-07	COMMERCIAL GENERAL LIABILITY COV FORM
CG 00 68	05-09	RECRDG AND DISTRB OF MATRL OR INFO EXCL
AL CW 12	11-09	BOARD OF MANAGERS FORM SCHEDULE
AL CW 26	11-09	ENOC AND HIRED AUTO COVERAGE FORM
AL CW 11	11-09	BOARD OF MANAGERS COVERAGE FORM
AL CW 01	11-09	EXCLUSION ASBESTOS
CG 20 04	11-85	ADDL INSD-CONDOMINIUM UNIT OWNERS
CG 21 46	07-98	ABUSE OR MOLESTATION EXCLUSION
CG 21 47	12-07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 49	09-99	TOTAL POLLUTION EXCL ENDT
CG 21 67	12-04	FUNGI OR BACTERIA EXCLUSION
CG 21 71	06-08	EXCL OTHR ACTS OF TERROR O/S US
CG 21 96	03-05	SILICA OR SILICA-RELATED DUST EXCLUSION
CG 24 02	12-04	BINDING ARBITRATION

**CRIME FORMS AND ENDORSEMENTS**

DC CW 01	01-10	CRIME AND FIDELITY DEC (COMML ENTITIES)
CR 00 21	05-06	COMM'L CRIME COV FORM (LOSS SUSTAINED)
CR 20 12	08-07	BINDING ARBITRATION
CR 01 60	08-07	COLORADO CHANGES





**Policy Number**  
**648539892****SCHEDULE OF LOCATIONS****Allstate Insurance Company**

Named Insured COBBLESTONE HOMEOWNERS

Effective Date: 10-25-12  
12:01 A.M., Standard Time

Agent Name ARROW INSURANCE

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	602 GRANITE ST, 602-4 GRANITE ST, FRISCO, CO 80443	CONDO
002	001	602 GRANITE ST, 602-4 GRANITE ST, FRISCO, CO 80443	CONDO



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**AMENDATORY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMON POLICY CONDITIONS FORM IL 00 17**

The following provisions have been added:

**What Law Will Apply**

This policy is issued in accordance with the laws of the State of Colorado and covers property or risks principally located in the State of Colorado. Subject to the following paragraph, the laws of the State of Colorado shall govern any and all claims or disputes in any way related to this policy.

If a covered loss to property, or any other accidental event for which coverage applies under this policy happens outside the State of Colorado, claims or disputes regarding that covered loss to property, or any other covered accidental event may be governed by the laws of the jurisdiction in which that covered loss to property, or other covered accidental event happened, only if the laws of that jurisdiction would apply in the absence of a contractual choice of law provision such as this.

**Where Lawsuits May Be Brought**

Subject to the following two paragraphs, any and all lawsuits in any way related to this policy, shall be brought, heard and decided only in a state or federal court located in the State of Colorado. Any and all lawsuits against persons not parties to this policy but involved in the sale, administration, performance, or alleged breach of this policy, or otherwise related to this policy, shall be brought, heard and decided only in a state or federal court located in the State of Colorado, provided that such persons are subject to or consent to suit in the courts specified in this paragraph.

If a covered loss to property, or any other accidental event for which coverage applies under this policy happens outside the State of Colorado, lawsuits regarding that covered loss to property, or any other covered accidental event may also be brought in the judicial district where that covered loss to property, or any other covered accidental event happened.

Nothing in this provision, **Where Lawsuits May Be Brought**, shall impair any party's right to remove a state court lawsuit to a federal court.

*All other policy terms, conditions, and exclusions apply.*



**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.**

## **DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE**

**Terrorism Premium (Certified Acts) \$ 48.00**

**This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):**

**Additional information, if any, concerning the terrorism premium:**

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 85% 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 Program Year (January 1 through December 31), 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 Program Year (January 1 through December 31) 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.





POLICY NUMBER: 648539892

IL 09 53 01 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****EXCLUSION OF CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART  
COMMERCIAL INLAND MARINE COVERAGE PART  
COMMERCIAL PROPERTY COVERAGE PART  
CRIME AND FIDELITY COVERAGE PART  
EQUIPMENT BREAKDOWN COVERAGE PART  
FARM COVERAGE PART  
STANDARD PROPERTY POLICY

**SCHEDULE**The **Exception Covering Certain Fire Losses** (Paragraph C) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:

State(s)	Coverage Form, Coverage Part Or Policy
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. The following definition is added with respect to the provisions of this endorsement:**

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

**B. The following exclusion is added:****CERTIFIED ACT OF TERRORISM EXCLUSION**

We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

**C. Exception Covering Certain Fire Losses**

The following exception to the exclusion in Paragraph B. applies only if indicated and as indicated in the Schedule of this endorsement.

If a "certified act of terrorism" results in fire, we will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements which apply to those forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.





**Policy Number**  
**648539892**

**COMMERCIAL PROPERTY COVERAGE PART  
 SUPPLEMENTAL DECLARATIONS  
 Allstate Insurance Company**

Named Insured COBBLESTONE HOMEOWNERS

Effective Date: 10-25-12  
 12:01 A.M., Standard Time

Agent Name ARROW INSURANCE

**Item 1.** Business Description:

**Item 2.** Premises Described: **See Schedule of Locations**

**Item 3.** \$500 Deductible unless otherwise indicated.

**Item 4.** Coverage Provided

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
001	001	BUILDING FRAME	\$ 2,305,000	SPECIAL	100

**Other Provisions**

☐ **Agreed Value:** Expires: ☒ **Replacement Cost**  
☐ Business Income Indemnity: Monthly Limit: Period: Maximum ☐ **Actual Cash Value**  
 Extension of Recovery Period: Months or Days ☒ Inflation Guard: 4 %  
 Deductible: \$ 2,500 Earthquake Deductible: % Exceptions  
 BLKT GRP # 1.

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.
002	001	BUILDING FRAME	BLKT GRP 1	SPECIAL	100

**Other Provisions**

☐ **Agreed Value:** Expires: ☒ **Replacement Cost**  
☐ Business Income Indemnity: Monthly Limit: Period: Maximum ☐ **Actual Cash Value**  
 Extension of Recovery Period: Months or Days ☒ Inflation Guard: 4 %  
 Deductible: \$ 2,500 Earthquake Deductible: % Exceptions

Loc. No.	Bldg. No.	Coverage	Limit of Insurance	Covered Causes of Loss	Coins.

**Other Provisions**

☐ **Agreed Value:** Expires: ☐ **Replacement Cost**  
☐ Business Income Indemnity: Monthly Limit: Period: Maximum ☐ **Actual Cash Value**  
 Extension of Recovery Period: Months or Days ☐ Inflation Guard: %  
 Deductible: Earthquake Deductible: % Exceptions

**Item 5.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:  
**See Schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



BU114R-3

POLICY NUMBER: 648539892

COMMERCIAL PROPERTY

AP CW 10 11 09

## Policy Endorsement

*The following endorsement changes your policy. Please read this document carefully and keep it with your policy.*

### WATER BACK-UP AND SUMP OVERFLOW

When the Policy Declarations indicates that **Water Back-Up and Sump Overflow** applies, the following limits modifies **your** policy

This endorsement applies only when insurance is provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM  
CAUSES OF LOSS – SPECIAL FORM**

#### SCHEDULE

Premises Number	Premise Annual Aggregate Limit Of Insurance
001/001	\$ 153,600.00
002/001	\$ 76,900.00

I. The following changes apply to: **BUILDING AND PERSONAL PROPERTY COVERAGE FORM, CP 00 10 06 07:**

**A.** We will pay for direct physical loss or damage to property, covered under **A. Coverage**, under **1. Covered Property**, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment. We will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

**B.** We do not cover loss or damage resulting from an insured's failure to:

1. Keep a sump pump or its related equipment in proper working condition; or

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AP CW 10 11 09

Allstate Insurance Company

Page 1 of 2



POLICY NUMBER: 648539892

COMMERCIAL PROPERTY  
CP 03 20 10 92**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****MULTIPLE DEDUCTIBLE FORM****(FIXED DOLLAR DEDUCTIBLES)**

This endorsement modifies insurance provided under the following:

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

**SCHEDULE \***

The Deductibles applicable to any one occurrence are shown below:

<b>Prem. No.</b>	<b>Bldg. No.</b>	<b>Deductible</b>	<b>Covered Causes of Loss **</b>
----------------------	----------------------	-------------------	--------------------------------------

\* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

\*\* For each deductible listed in this Schedule, enter the number corresponding to the Covered Cause(s) of Loss to which that deductible applies (or enter the description):

- (1) All Covered Causes of Loss
- (2) All Covered Causes of Loss **except** Windstorm or Hail
- (3) All Covered Causes of Loss **except** Theft
- (4) All Covered Causes of Loss **except** Windstorm or Hail and Theft
- (5) Windstorm or Hail
- (6) Theft

The following is added to the DEDUCTIBLE section:

- A. In the event that loss or damage occurs to Covered Property at more than one building location as a result of one occurrence, the largest applicable deductible for that Covered Cause of Loss, shown in the Schedule above or in the Declarations, will apply.
- B. The terms of this endorsement do not apply to any Earthquake Deductible or to any Windstorm or Hail Percentage Deductible provided elsewhere in this policy.





**Policy Number**  
**648539892**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 SUPPLEMENTAL DECLARATIONS**

**Allstate Insurance Company**

Named Insured **COBBLESTONE HOMEOWNERS**

Effective Date: **10-25-2012**  
 12:01 A.M., Standard Time

Agent Name **ARROW INSURANCE**

**Item 1. Business Description:**

**Item 2. Limits of Insurance**

Coverage	Limit of Liability	
Aggregate Limits of Liability	<b>INCLUDED</b>	Products/Completed Operations Aggregate
	<b>\$ 2,000,000</b>	General Aggregate (other than Products/Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability	<b>\$ 1,000,000</b>	any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
Damage To Premises Rented To You	<b>\$ 100,000</b>	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B - Personal and Advertising Injury Liability	<b>\$ 1,000,000</b>	any one person or organization subject to the General Aggregate Limits of Liability
Coverage C - Medical Payments	<b>\$ 5,000</b>	any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

**Item 3. Retroactive Date**

Coverage A of this Insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: \_\_\_\_\_

(Enter Date or "None" if no Retroactive Date applies)

**Item 4. Form of Business and Location of Premises**

Forms of Business: **ASSOCIATION**

Location of All Premises You Own, Rent or Occupy:

**See Schedule of Locations**

**Item 5. Forms and Endorsements**

Form(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**

**Item 6. Premiums**

Coverage Part Premium: **\$ 537.00**

Other Premium:

Total Premium: **\$ 537.00**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

DL CW 22 01 10

Allstate Insurance Company





**Policy Number**  
**648539892**

**COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE**

**Allstate Insurance Company**

Named Insured COBBLESTONE HOMEOWNERS

Effective Date: 10-25-12  
 12:01 A.M., Standard Time

Agent Name ARROW INSURANCE

**Item 5. Location of Premises**

Location of All Premises You Own, Rent or Occupy:  
**See Schedule of Locations**

Code No. 62003	Premium Basis Number of Units	Premises/Operations	
Location ALL	Exposure 12	Rate	Premium
Classification: Board of Managers Liability			\$ 50.00
		Products/Completed Operations	
		Rate	Premium
Code No. 6601	Premium Basis Number of Employees	Premises/Operations	
Location ALL	Exposure 0 - 25	Rate	Premium
Classification: Employee Non-Owned Auto Liability			\$ 82.00
		Products/Completed Operations	
		Rate	Premium
Code No. 6619	Premium Basis Flat charge	Premises/Operations	
Location ALL	Exposure	Rate	Premium
Classification: Hired Auto Liability			\$ 55.00
		Products/Completed Operations	
		Rate	Premium
Code No. 62003	Premium Basis Units	Premises/Operations	
Location 001/001	Exposure 08	Rate	Premium
Classification: CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) (PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT)		29.053	\$ 232.00
		Products/Completed Operations	
		Rate	Premium
			INCL



POLICY NUMBER: 648539892

Commercial General Liability

AL CW 12 11 09

**CONDOMINIUM AND COOPERATIVE ASSOCIATIONS  
BOARD OF MANAGERS LIABILITY COVERAGE FORM SCHEDULE**

1. Insurance is provided subject to the limits of insurance and the deductible inserted below.  
Refer to **SECTION III – LIMITS OF INSURANCE** and to item 4. Deductible of **SECTION I – COVERAGES** of the coverage form for the application of these limits and the deductible.

2. Limits of Insurance

Limits of Insurance	Deductible Amount
\$ 1,000,000 EACH WRONGFUL ACT	\$500 EACH WRONGFUL ACT
\$ 2,000,000 AGGREGATE	

3. Retroactive Date

This insurance does not apply to any "claim" from a "wrongful act" that occurred before the Retroactive Date, if any, shown below:

RETROACTIVE DATE: 10/25/2012



**EMPLOYER'S NON-OWNERSHIP AUTOMOBILE  
HIRED AUTOMOBILE LIABILITY COVERAGE FORM**

THIS FORM IS SUBJECT TO THE DECLARATIONS AND THE APPLICABLE GENERAL CONDITIONS, SCHEDULE AND ENDORSEMENTS OF THE POLICY THAT IT IS PART OF.

**SCHEDULE**

Coverage	Additional Premium
a. Employer's Non-Ownership Liability	\$ 82.00
b. Hired Automobile Liability	\$ 55.00

**SECTION I – COVERAGES****1. Insuring Agreement**

Insurance is provided only for the following coverages for which a specific premium charge is shown in the Schedule.

**a. Employer's Non-Ownership Automobile Liability**

"We" will pay all sums an "Insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" that occurs in the "coverage territory" and resulting from "autos" "you" do not own, lease, hire, rent or borrow that are used in connection with "your" business. This includes "autos" owned by "your" "employees" or partners or members of their households but only while used in "your" business or "your" personal affairs.

**b. Hired Automobile Liability**

"We" will pay all sums an "Insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" that occurs in the "coverage territory" and resulting from the maintenance or use of a "hired auto" by "you" or "your" "employees" in the course of "your" business.

The following applies to each coverage for which a premium charge is shown in the Schedule:

"We" have the right and duty to defend any "suit" asking for these damages. However, "we" have no duty to defend "suits" for "bodily injury" or "property damage" not covered by this coverage form. "We" may investigate and settle any claim or "suit" as "we" consider appropriate. "Our" duty to defend or settle ends when the Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

**2. Exclusions**

This insurance does not apply to:

**a. Expected or intended injury**

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"Bodily injury" or "property damage" resulting from the handling of property:

- (1) Before it is moved from the place where it is accepted by the "Insured" for movement into or onto the covered "auto"; or
- (2) After it is moved from the covered "auto" to the place where it is finally delivered by the "Insured".

**h. Movement of Property by Mechanical Device**

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

**i. Operations**

"Bodily injury" or "property damage" arising out of the operation of:

- (1) Any equipment listed in paragraphs f. (2) and f. (3) of the definition of "mobile equipment"; or
- (2) Machinery or equipment that is on, attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

**j. Completed Operations**

"Bodily injury" or "property damage" arising out of "your" work after that work has been completed or abandoned.

In this exclusion, "your" work means:

- (1) Work or operations performed by "you" or on "your" behalf; and
- (2) Materials, parts or equipment furnished in connection with such work or operations.

"Your" work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in paragraphs (1) or (2) above.

"Your" work will be deemed completed at the earliest of the following times:

- (a) When all of the work called for in "your" contract has been completed;
- (b) When all of the work to be done at the site has been completed if "your" contract calls for work at more than one site;
- (c) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

**k. Pollution**

- (1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants";
  - (a) That are, or that are contained in any property that is:



"We" will pay for the "Insured":

- a. All expenses "we" incur.
- b. Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" "we" cover. "We" do not have to furnish these bonds.
- c. The cost of bonds to release attachments in any "suit" "we" defend, but only for bond amounts within "our" Limit of Insurance.
- d. All reasonable expenses incurred by the "Insured" at "our" request, including actual loss of earnings up to \$ 250 a day because of time off from work.
- e. All costs taxed against the "Insured" in any "suit" "we" defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "Insured".
- f. All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" "we" defend; but "our" duty to pay interest ends when "we" have paid, offered to pay or deposited in court the part of the judgment that is within "our" Limit of Insurance.

These payments will not reduce the Limit of Insurance.

#### **4. Out of State Coverage Extensions**

While a covered "auto" is away from the state where it is licensed, "we" will:

- a. Increase the Limit of Insurance for Liability Coverage to meet the limit or limits specified by a compulsory or financial responsibility law in the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- b. Provide the minimum amounts and types of other coverages, such as no-fault, required of out of state vehicles by the jurisdiction where the covered "auto" is being used.

"We" will not pay anyone more than once for the same elements of "loss" because of these extensions.

## **SECTION II – WHO IS AN INSURED**

1. Each of the following is an "Insured" under this insurance to the extent set forth below:

- a. "You".
- b. For Non-ownership Automobile Liability coverage, any of "your" partners or executive officers, but only while such "non-owned auto" is being used in "your" business.
- c. For Hired Automobile Liability coverage, any other person using a "hired auto" with "your" permission.
- d. Any other person or organization, but only with respect to their liability because of acts or omissions of an "Insured" under a. or b. above.

2. None of the following is an "Insured":

- a. Any person engaged in the business of his or her employer with respect to bodily injury to any co-"employee" of such person injured in the course of employment.
- b. Any partner or executive office with respect to any "auto" owned by such partner or officer or a member of his or her household.

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If any person or organization to or for whom "we" make payment under this coverage form has rights to recover damages from another, those rights are transferred to "us". That person or organization must do everything necessary to secure "our" rights and must do nothing after "accident" or "loss" to impair them.

#### 4. **Bankruptcy**

Bankruptcy or insolvency of the "Insured" or the "Insured's" estate will not relieve "us" of any obligations under this coverage form.

#### 5. **Other Insurance**

Under Non-ownership Automobile Liability coverage, for any covered "auto" "you" don't own, the insurance provided by this coverage form is excess over any valid and collectible insurance available to the "Insured".

Under Hired Automobile Liability coverage, for any "hired auto", the insurance provided by this coverage form is excess over any valid and collectible insurance available to the "Insured".

### SECTION V – DEFINITIONS

1. **"Accident"** includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
2. **"Auto"** means:
  - a. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
  - b. Any other land vehicle that is subject to a compulsory or financial responsibility law where it is licensed or principally garaged.However, "auto" does not include "mobile equipment".
3. **"Bodily injury"** means bodily injury, sickness or disease sustained by a person including death resulting from any of these.
4. **"Coverage territory"** means the United States of America (including its territories and possessions), Puerto Rico and Canada.
5. **"Employee"** includes a "leased worker". **"Employee"** does not include a "temporary worker".
6. **"Hired auto"** means only those "autos" "you" lease, hire or borrow. This does not include any "auto" "you" lease, hire, rent or borrow from any of "your" "employees" or partners or members of their households, or from any of "your" partners or executive officers.
7. **"Insured"** means any person or organization qualifying as an "Insured" in **SECTION II, WHO IS AN INSURED** provision.
8. **"Insured contract"** means
  - a. A lease of premises;
  - b. A sidetrack agreement;
  - c. Any easement or license agreement except in connection with construction or demolition operations on or within 50 feet of a railroad;



- f. Vehicles not described in paragraphs a., b., c. or d. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types permanently attached equipment are not "mobile equipment" but will be considered "autos":

- (1) Equipment designed primarily for:
  - (a) Snow removal;
  - (b) Road maintenance, but not construction or resurfacing; or
  - (c) Street cleaning;
- (2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- (3) Air compressors, pumps and generators, including spraying, welding, building cleaning, Geophysical exploration, lightning or well servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

- 12. **"Named Insured"** shall be only the "Insured" named in the Declarations.
- 13. **"Non-owned auto"** means any "auto" "you" do not own, lease, hire or borrow which is used in connection with "your" business. However, if "you" are a partnership, a "non-owned auto" does not include any "auto" owned by any partner.
- 14. **"Pollutants"** means any solid, liquid, gaseous, or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- 15. **"Property damage"** means damage to or loss of use of tangible property.
- 16. **"Suit"** means a civil proceeding in which damages because of "bodily injury" or "property damage" to which this insurance applies are alleged. "Suit" includes an arbitration proceeding alleging such damages to which "you" must submit or submit with "our" consent.
- 17. **"Temporary worker"** means a person who is furnished to "you" as a substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- 18. **"Trailer"** includes semitrailer.
- 19. **"We", "us" and "our"** refer to the company providing this insurance.
- 20. **"You" and "your"** refer to the "Named Insured" shown in the Declarations.





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – CONDOMINIUM UNIT OWNERS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

WHO IS AN INSURED (Section II) is amended to include as an insured each individual unit owner of the insured condominium, but only with respect to liability arising out of the ownership, maintenance or repair of that portion of the premises which is not reserved for that unit owner's exclusive use or occupancy.





POLICY NUMBER: 648539892

**CRIME AND FIDELITY**  
 DC CW 01 01 10

## Allstate Insurance Company

# CRIME AND FIDELITY COVERAGE

## PART DECLARATIONS

### (COMMERCIAL ENTITIES)

The Crime And Fidelity Coverage Part (Commercial Entities) consists of this Declarations Form and the Commercial Crime Coverage Form.

**Coverage Is Written:**

☒ Primary
 ☐ Excess
 ☐ Coindemnity
 ☐ Concurrent

<b>Employee Benefit Plan(s) Included As Insureds:</b>

Insuring Agreements	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
1. Employee Theft	Not Covered	
2. Forgery Or Alteration	Not Covered	
3. Inside The Premises – Theft Of Money And Securities	\$ 10,000	
4. Inside The Premises – Robbery Or Safe Burglary Of Other Property	Not Covered	
5. Outside The Premises	\$ 5,000	
6. Computer Fraud	Not Covered	
7. Funds Transfer Fraud	Not Covered	
8. Money Orders And Counterfeit Money	Not Covered	

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

<b>If Added By Endorsement:</b>		
Insuring Agreement(s)	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence
<b>Endorsements Forming Part Of This Coverage Part When Issued:</b>  <b>SEE SCHEDULE OF FORMS AND ENDORSEMENTS</b>		



**Cancellation Of Prior Insurance Issued By Us:**

By acceptance of this Coverage Part you give us notice cancelling prior policy Nos.

the cancellation to be effective at the time this Coverage Part becomes effective.

**Countersignature Of Authorized Representative**

**Name:** ARROW INSURANCE

**Title:**

**Signature:** ARROW INSURANCE

**Date:** 10-05-12

