



Issued: 07/03/2023

AmGUARD Insurance Company
A Stock Company

Policy No.:
CEBP469166

Renewal of: CEBP307315

POLICY INFORMATION PAGE

[1] **Named Insured and Mailing Address**
Cedar Two Condominiums Management Association Inc
PO Box 2293
C/O Mr Accounting & Property Mgmt
Longmont, CO 80502

[2] **Agency**
MOUNTAIN STATES INSURANCE GROUP
1150 Fern Hill Road
Mooresville, NC 28117

[3] **Policy Period**
From August 22, 2023 to August 22, 2024 - expiring at 12:01 A.M., Standard Time at the insured's mailing address.

[4] **Description of Business**
Lessors of Residential Buildings and Dwellings

[5] **Coverage**
This policy consists of the Coverage Forms listed on the **Schedule of Forms and Endorsements (IIT SF 01 05)**.

[6] Premium	
The premium shown below may be subject to adjustment.	
Certified Acts of Terrorism	\$145.00
TOTAL POLICY PREMIUM	\$7,592.00
CO Natural Disaster Mitigation Enterprise Surcharge	\$2.00
TOTAL PAYABLE	\$7,594.00

[7] **Payment of Premium**
In return for your payment of premium, and subject to all terms of this policy, we agree with you to provide insurance as stated in this policy.

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SECTION I – PROPERTY COVERAGES AND LIMITS OF INSURANCE

LOCATION: 001 BUILDING: 001
 1851 22nd St
 Boulder, CO 80302-5659
 Boulder County

Property Deductible: \$1,000
Wind/Hail Deductible: 5%
Optional Coverages/Glass Deductible: \$500
Classification: 69145 - Condominium - Residential Condominium (Association risk only)

COVERAGES:

Awnings Coverage	
Limit	\$2,500
Building Coverage	
Limit	\$1,588,527
Valuation	Replacement Cost
Inflation Guard %	4
Liability	
IMPORTANT NOTE	THIS COVERAGE IS RATED BASED ON AN ESTIMATE AND IS SUBJECT TO AUDIT
Limit	Included
IMPORTANT NOTE	DO NOT cap employee payroll. Include actual payrolls
Accounts Receivable	
On-Premises Limit	\$25,000
Off-Premises Limit	25,000
Debris Removal	
Limit	25%/\$10,000
Equipment Breakdown Coverage (HSB)	
Inspection Contact Name	Kate
Phone Number	303-546-9312
Exclusion of Cosmetic Damage to Roof Coverings Caused by Hail	
Coverage	Refer to form BP 99 249
Money and Securities	
On Premises Limit	\$5,000
Off Premises Limit	\$5,000
Ordinance or Law	
Coverage Type	Coverage 1, 2 & 3 Combined

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**BUSINESSOWNER'S POLICY
DECLARATIONS**

Issued: 07/03/2023

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Cvg 1 (Loss in Value of Undamaged Portion of Bldg) Limit	\$1,588,527
Cvg 2 (Demolition Cost) & Cvg 3 (Increased Cost of Construction) Limit	\$124,000
Outdoor Property	
Limit	\$10,000
Outdoor Signs - Optional Coverage	
Limit	\$5,000
Valuable Papers and Records	
On-Premises Limit	\$25,000
Off-Premises Limit	\$25,000
Water Back-up and Sump Overflow	
Covered Property Limit	\$5,000
Business Income and Extra Expense Limit	\$5,000

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SECTION II – LIABILITY COVERAGES AND LIMITS OF INSURANCE

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Businessowners Coverage form and any attached endorsements.

<u>Coverage</u>	<u>Limits of Insurance</u>
Liability and Medical Expenses - Each Occurrence	\$1,000,000
General Aggregate (Other than Products and Completed Operations)	\$2,000,000
Personal & Advertising Injury	Included
Products & Completed Operations Aggregate	\$2,000,000
Medical Expenses (Each Person)	\$5,000
Liability Property Damage Deductible	0
Liability Deductible - Bodily Injury	None

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POLICY WIDE COVERAGES AND LIMITS OF INSURANCE

Appurtenant Structures

Limit \$50,000 combined Building/BPP

Bed Bug-Kissing Bug Liability Coverage

Limit Excluded

Business Income & Extra Expense

Limit ALS UP TO 12 MONTHS

Business Income Options

Number of Hours Deductible 72

Extended Business Income Number of Days 30

Ordinary Payroll Expenses Number of Days 60

Condominiums, Co-ops, Associations - Directors and Officers Liability

Name of the Association Cedar Two Condominiums Management Association Inc

Annual Aggregate Limit of Insurance 1,000,000

Deductible 500

Retroactive Date 08/22/2018

Pending or Prior Litigation Date 08/22/2018

Claims Expense \$50,000

Damage To Premises Rented To You

Limit \$50,000

Data Compromise

Section 1 - Response Expenses -

Annual Aggregate Limit 100000

Named Malware (Sec. 1) Sublimit 50000

Forensic IT and Legal Review Sublimit \$10,000

PR Services Sublimit 5000

Section 2 - Defense & Liability -

Annual Aggregate Limit 100000

Named Malware (Sec. 2) Sublimit 50000

Response Expenses and Defense & Liability Deductible \$1,000

Electronic Data

Limit \$10,000

Employee Dishonesty

Limit 10000

Fire Department Service Charge

Limit 25000

Fire Extinguisher Systems Recharge Expense

Limit \$5,000

Forgery or Alteration

Limit 10000

Fungi, Wet Rot, Dry Rot & Bacteria (Mold)

Property Limit \$15,000

Business Income/EE Number of Days 30

Liability Coverage Option Exclude Coverage

Glass Expense

Limit Actual Loss Sustained

Interruption of Computer Operations

Limit \$10,000

Loss by Theft of furs, fur garments, garments trimmed with fur

Limit \$2,500

Loss by Theft of jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals

**BUSINESSOWNER'S POLICY
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Limit	\$5,000
Loss by Theft of patterns, dies, molds and forms	
Limit	\$2,500
Money Orders and "Counterfeit Money"	
Limit	\$1,000
Newly Acquired Or Constructed Property - Buildings	
Limit	25% of Building Limit/Not more than \$500,000/Bldg
Newly Acquired Or Constructed Property - Business Personal Property	
Limit	\$250,000
Personal Effects	
Limit	\$5,000
Personal Property Off Premises	
Limit	\$10,000
Pollutant Clean Up and Removal	
Limit	\$10,000
Preservation of Property	
Limit	Within 30 Days
Terrorism	
Certified Acts	INC

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Issued: 07/03/2023

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Effective Date: 08/22/2023

Policy Payment Terms

Payment Option: Direct Bill

Payment is due in our office on the
dates shown below.

Installment Plan
(prepared 07-03-2023)

Down Payment received - \$0.00

Installments*	Due Date
\$759.40	08/21/2023
\$683.46	09/22/2023
\$683.46	10/25/2023
\$683.46	11/22/2023
\$683.46	12/27/2023
\$683.46	01/25/2024
\$683.46	02/22/2024
\$683.46	03/24/2024
\$683.46	04/24/2024
\$683.46	05/23/2024
\$683.46	06/22/2024

*Includes surcharges and state fees, if any.
Policies that are direct billed will be charged a fee of up to \$7.00 per installment. There is no installment fee for policies set up with Direct Draft.

Any checks returned or attempted bank drafts declined for insufficient funds or a closed account may be assessed a fee of up to \$20.00.

A late fee may be assessed of up to \$10.00 for payments received after the due date.

A convenience fee of up to \$0.00 will be added to credit card payments.



Important Information Regarding Your Renewal

NAME AND ADDRESS OF INSURANCE COMPANY
 AmGUARD Insurance Company
 P.O. Box AH
 39 Public Square
 Wilkes-Barre, PA 18703-0020

NAME AND ADDRESS OF INSURED
 Cedar Two Condominiums Management Association Inc
 PO Box 2293
 C/O Mr Accounting & Property Mgmt
 Longmont, CO 80502

LINE OF BUSINESS: Businessowners	
RENEWAL POLICY PREMIUM: \$7,592	
RENEWAL POLICY NO.: CEBP469166	
EFFECTIVE DATE OF NOTICE:	
08/22/2023	12:00 AM
(DATE)	(HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)
DATE OF MAILING: 07/03/2023	
NAME AND ADDRESS OF AGENT/BROKER:	
MOUNTAIN STATES INSURANCE GROUP	
1150 Fern Hill Road	
Mooresville, NC 28117	

You are hereby notified in accordance with the terms and conditions of the above-mentioned policy, and in accordance with law, that the following revisions have been made to your renewal policy.

The renewal premium is that which is referenced above (RENEWAL POLICY PREMIUM).

We have amended your building limit(s) on your renewal policy as noted below. Limits that have increased are due to increases in reconstruction costs. Limits that may have decreased are to keep the limits in line with their estimated replacement cost.

Loc. No.	Bldg. No.	Address	From	To
001	001	1851 22nd St Boulder CO 80302-5659	\$1,469,968	\$1,588,527

If you have any questions or need additional information, please contact your agent.

CYBER INCIDENT EXCLUSION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy. You are hereby notified in accordance with the terms and conditions of your policy, and in accordance with law, that the coverage(s) applying to your policy will be changed as noted below.

This Notice provides information concerning the following new endorsement which applies to your renewal policy being issued by us:

BP 99 421 Cyber Incident Exclusion

When this endorsement is attached to your policy, it generally excludes direct physical loss of or damage to Covered Property resulting from a cyber incident; however, if a cyber incident as described in this exclusion results in fire or explosion, we will pay for the loss or damage to Covered Property caused by that fire or explosion subject to the applicable limits of insurance.

This exclusion does not apply to the extent that coverage is provided in the:

- Additional Coverage – Electronic Data; or
- Additional Coverage – Interruption Of Computer Operations.

This exclusion also does not apply to the:

- Computer Fraud And Funds Transfer Fraud Endorsement;
- Cyber Suite Coverage Endorsement; or
- Data Compromise Coverage Endorsement;

if such endorsement(s) is attached to your policy.

If you have any questions or need additional information, we suggest you contact your agent.

NOTICE TO POLICYHOLDERS REGARDING DUTIES AFTER A LOSS – PERIL OF HAIL ENDORSEMENT

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, THE PROVISIONS OF THE POLICY SHALL PREVAIL.

Carefully read your policy, including the endorsements attached to your policy. You are hereby notified in accordance with the terms and conditions of your policy, and in accordance with law, that the coverage(s) applying to your policy will be changed as noted below.

This Notice provides information concerning the following new endorsement, which applies to your renewal policy being issued by us:

BP 99 412 01 20 - DUTIES AFTER A LOSS – PERIL OF HAIL ENDORSEMENT

This endorsement requires losses caused by or resulting from the peril of hail to be reported to GUARD within 180 days of the loss event.

This summary is provided for informational purposes only, and the contents are not intended to amend, alter, or change any of the terms or conditions of the policy. Similarly, this Notice is not a substitute for reviewing the actual forms and endorsements contained in the policy. Please read the policy to better understand the terms and conditions of the coverage provided.

If you have any questions or need additional information, we suggest you contact your agent.



In cooperation with
MOUNTAIN STATES INSURANCE GROUP

www.guard.com

Cedar Two Condominiums Management Associa
PO Box 2293
C/O Mr Accounting & Property Mgmt
Longmont, CO 80502

Policy Number: CEBP469166
Customer Number: 2892214
Insurance Company: AmGUARD Insurance Company
Effective Date: 08/22/2023

Businessowner's Policy Renewal Offer

We are pleased to offer to renew your policy. The policy is underwritten by AmGUARD Insurance Company, a member of Berkshire Hathaway GUARD Insurance Companies.

EASY ways to pay:

1. **Online** via our **Policyholder Service Center (PSC)** – www.guard.com/psc/
2. By setting up automatic **Direct Draft** payments through the **PSC > Billing & Payments** section
3. Through our **BHGUARD mobile app** – Find us on the App Store and Google Play!
4. **By phone** – Call our Customer Service Center Monday through Friday, 8:00 AM to 7:30 PM at **800-673-2465** to pay via credit card or direct draft from your bank account.

Manage your policy online through our Policyholder Service Center (PSC) and BHGUARD mobile app.

In addition to making payments, you can:

- view and print policy documents
- review our value-added services
- find information to report a claim (use our app to upload photos and documents)
- go paperless – set up electronic document delivery

If you haven't already done so, register now at www.guard.com/pscregister.

Who to Contact

- For coverage changes, policy provisions, etc. call your insurance agent at 303-579-1705.
- With questions about billing, claims, and other services, contact us by phone at 800-673-2465, fax at 570-823-2059, email at csr@GUARD.com, or chat with us online through our **PSC**.
- To report fraud or suspicious activity, contact our Fraud Investigative Unit at 800-673-2465, ext. 8477 (TIPS) or via email at fraudsiu@guard.com.
- To **Report a Claim 24/7**, call 888-NEW-CLMS. Upload claims documents and photos using our **mobile app** or online at our **PSC**.



If you are enrolled in direct draft, payroll billing, or any other type of automated billing, your payment will be sent to us automatically. Otherwise, please review the payment options available above under **EASY ways to pay**. A billing statement, sent separately, will have additional information. Please note payment is required to maintain uninterrupted insurance coverage. **If payment is not received, this policy will be canceled in accordance with state law.**

We appreciate your business and look forward to serving your insurance needs for another year!

Register for our Policyholder Service Center at www.guard.com/pscregister/ or download the BHGUARD app today!

Download the BHGUARD app
POLICYHOLDER SERVICE CENTER



enclosed: Businessowner's Policy # CEBP469166

The Security You Need. The Name You Trust.

HQ: CO / BP
DECTO I

Best-Practice Responses

Businesses of all types are at risk for liability exposure. Alleged or actual incidents related to a company's products, services, operations, or premises are common and can end up resulting in a liability claim or lawsuit. That's why General Liability insurance is important. However . . .

How a business responds to a potential liability incident can have a significant impact on the outcome of the situation.

While each scenario is unique, certain best practices can go a long way toward mitigating the severity and complexity of a claim. We offer some tips here.

1 - RESPOND PROMPTLY

- An immediate response to the situation is critical. Always be courteous, compassionate, and professional.
- For incidents involving criminal activity, significant property damage, severe injury, or death, call 911.
- If no injuries are apparent, ask the involved parties to kindly notify the company if medical attention is sought after the incident.

Types of Liability Incidents

"Third parties" can include customers, suppliers, contractors, service providers, vendors, etc.

- **Accidental Injuries**
Ex: Third-party claim of injury due to a slip or fall on premise or being impacted by an object
- **Product Liability**
Ex: Third-party claim of an illness from consuming a company's product or injury due to a service provided
- **Property Damage**
Ex: Third-party claim of property damage while on premise or during the delivery of a company's goods or services
- **Reputational Damage**
Ex: Third-party claim of personal injury due to an invasion of privacy, slander or libel

Liability Incidents



2 - SECURE THE SCENE

- Contain or establish some type of separation from any ongoing hazard or danger.
- Secure the scene; prevent any unauthorized entry.
- Preserve potential evidence, including damaged or defective equipment, products, or materials that might have been involved in the incident.
- Be careful not to hide, destroy, tamper with, or misrepresent facts of causation.
- Take pictures of the scene from different angles and before enacting any repairs.
- Retain any video surveillance.

IMPORTANT: If video evidence is captured but then deleted or recorded over, it could be perceived as negligence (or that the alleged incident was caused by a business's actions and/or inactions).

3 - IDENTIFY WITNESSES

- Identify individuals who may have witnessed the incident and ask about their willingness to help with the investigation. NEVER detain anyone against their will.
- Do NOT place blame on employees or third parties.
- Collect contact information and statements from all willing and involved parties.

4 - COMPLETE AN INCIDENT REPORT

- Complete a report directly following an incident. (This should be part of company policy.) Samples can be found online or obtained from us. Keep the report on file in case a claim needs to be reported.
- Consider characteristics about the injured party that might have contributed to the accident (i.e., footwear, glasses, mental or physical condition).
- Note any service providers that may be responsible for conditions contributing to the incident (i.e., cleaning service, food supplier).

Ways to Report a Claim



Call 1-888-NEW-CLMS
(1-888-639-2567)



Log into our *Policyholder Service Center* at guard.com/pscregister



Get the BHGUARD app from the App Store or Google Play



Visit guard.com to complete an online form

Legal Correspondence

If legal documents such as a summons, complaint, or other type of notice is received, it should be immediately forwarded to the company's designated legal contact or whomever is responsible for risk management and insurance. NEVER ignore this type of correspondence and be sure we are aware of these documents when reporting the claim.



Liability insurance may be underwritten by AmGUARD Insurance Company®, AZGUARD® Insurance Company (non-admitted in CA and NY), or NorGUARD Insurance Company®, members of Berkshire Hathaway GUARD Insurance Companies ("GUARD") with principal place of business at 39 Public Square, Wilkes-Barre, PA 18701. The information contained herein is for informational purposes only, shall not be deemed as professional legal or other industry advice, and in no way replaces the terms and conditions of the insurance policy. Any Liability Incident Report form being provided by GUARD or other entity is for convenience only and does not replace an insured's duties to promptly report a claim or fulfill any other obligation under the insurance contract. Completion of any liability incident report DOES NOT guarantee coverage or payment in the event of a liability claim. All claims will be evaluated by GUARD upon submission. © 2022.

Liability Incident Report

(Designed for a business's use and record-keeping purposes.)

COMPANY INFORMATION

Building Location: (if multi-site) _____ Manager/Supervisor on duty: _____

Phone/Cell #: _____ Email Address: _____

CUSTOMER OR THIRD-PARTY INFORMATION

Name: _____

DOB: _____ Sex: male female Est. Height: _____ Est. Weight: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

INCIDENT DETAILS

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Resulted in: injury illness fatality property damage vehicle damage other (please explain below)

Provide a brief description of the incident and resulting injuries and/or damages: _____

Check all that apply regarding the incident:

- | | | | | | |
|---|---|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> vehicle | <input type="checkbox"/> parking lot | <input type="checkbox"/> sidewalk | <input type="checkbox"/> steps/stairs | <input type="checkbox"/> interior floor | <input type="checkbox"/> wet floor |
| <input type="checkbox"/> bathroom | <input type="checkbox"/> police | <input type="checkbox"/> slip & fall | <input type="checkbox"/> trip & fall | <input type="checkbox"/> food spill | <input type="checkbox"/> food borne illness |
| <input type="checkbox"/> chemical spill | <input type="checkbox"/> object in food | <input type="checkbox"/> burn | <input type="checkbox"/> altercation | <input type="checkbox"/> equipment | <input type="checkbox"/> furniture |
| <input type="checkbox"/> other: _____ | | | | | |

List any environmental factors or unsafe conditions that may have contributed to the incident: (poor weather conditions, wet floor, etc.)

List any behavioral factors that may have contributed to the incident: (reaching, running, under the influence of alcohol/drugs, shoes worn, etc.)

Cite any corrective actions that have been taken or can be taken in the future to prevent a reoccurrence of this incident:

Other Comments: _____

Please attach all media, cleaning, maintenance, or other schedules as pertinent.

EMPLOYEE WITNESSES

Employee Witness (1) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

Employee Witness (2) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

Employee Witness (3) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

MEDICAL INFORMATION

Treatment Needed: none minor/first-aid by employee minor/transported to doctor/clinic EMT/paramedic hospital

List any physicians/medical providers who responded to the incident: (name/address/phone number)

OTHER WITNESSES/INVOLVED PARTIES

Witness (1) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

Witness (2) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

Witness (3) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

Witness (3) Name: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

PERSON COMPLETING THIS REPORT

Name: _____ Date of Report: _____

Address: _____

Phone/Cell #: _____ Email Address: _____

Reviewed by: (name) _____ Date of Review: _____