



Billing Number: 0005454774

Policy Number: AM 9222007 04

COMMON POLICY DECLARATIONS

COUNTRY Mutual Insurance Company

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

Item 1. Named Insured and Mailing Address

THE WHITNEY MANSION
(See Named Insured Endt)
PO BOX 260875
LAKEWOOD CO 80226-0875

Agent Name and Address

BERGQUIST ANGELA
7500 E ARAPAHOE RD STE 210
CENTENNIAL CO 80112-0000

Agent No. 14523

Agent Phone No.: (303) 770-1109

Item 2. Policy Period From: 05-04-2020 To: 05-04-2021

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description: CONDO ASSOC
Form of Business: CORPORATION

Item 4. 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.

Table with 2 columns: Description, Premium. Row: BUSINESSOWNERS, \$ 3,678.00

TAX OR SURCHARGE
Total Policy Premium / Total Advance Premium \$ 3,678.00
Standard Payment Plan Charges
Policy Grand Total \$ 3,678.00
Payment Plan AMP

If you wish to request a copy of your policy, contact your COUNTRY Financial representative or call our Customer Service Center at 1-888-211-2555.

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

Countersigned:

Date: 03-30-20

By: [Signature]
Authorized Representative

TO REPORT A CLAIM ANY TIME DAY OR NIGHT, CALL 1-800-846-0100.

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.

AIL DS 03 08 07

Insured Copy

00029 408951A 000554 001107 0005/002A



Billing Number: 0005454774
 Policy Number: AM 9222007 04

BUSINESSOWNERS POLICY DECLARATIONS
COUNTRY Mutual Insurance Company

Policy Period From: 05-04-2020 To: 05-04-2021 12:01 A.M. Standard Time

Named Insured: THE WHITNEY MANSION

Effective Date: 05-04-2020
 12:01 A.M., Standard Time

Representative Name: BERGQUIST ANGELA

Representative No.: 14523

DESCRIBED PREMISES:

See Schedule of Locations

Coverage is applicable only if an "X" is shown in the boxes below and / or a limit of insurance is shown.

POLICY COVERAGES:

Limits of Insurance

Loc. No.	Bldg. No.	Coverage	Blanket # , if applicable	Limits of Insurance
001	001	Building		\$ 1,076,800
		Replacement Cost	Y	
		Actual Cash Value - Building Option	N	
		Automatic Increase - Building Limit	4 %	
		Business Personal Property		

MORTGAGE HOLDER NAME AND ADDRESS:

See Schedule of Mortgagees

DEDUCTIBLES:

Property Ded: \$ 5,000

Optional Coverage Ded: \$ 500

Property Damage Liab Ded:

Earthquake: %

OPTIONAL COVERAGES:

Limits of Insurance

	Employee Dishonesty	Per occurrence
	Outdoor Signs	Per occurrence
	Burglary and Robbery (Named Perils only)	Inside the Premises Outside the Premises
	Money and Securities	Inside the Premises Outside the Premises
	Coverage Extensions - Optional Higher Limits Accounts Receivable Valuable Papers and Records	
	Additional Coverages - Optional Higher Limits Forgery and Alteration Business Income From Dependent Properties Business Income - Extended Number of Days for Ordinary Payroll Expenses Extended Business Income - Extended Number of Days	Extended No. of Days Extended No. of Days
X	Other (specify) - See Businessowners Optional Coverages Schedule	

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

LIABILITY AND MEDICAL PAYMENTS

Except For Damage To Premises Rented To You, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

	Limits of Insurance	
Liability and Medical Expenses / General Aggregate	\$ 1,000,000/	\$ 2,000,000
Medical Expenses	\$ 5,000	Per person
Products / Completed Operations / Aggregate	\$ 2,000,000	
Damage To Premises Rented To You	\$ 50,000	Any one fire or explosion
Tenants Liability		
Damage To Premises Rented To You (In Excess of \$50,000)		
Self-storage Facilities		
Customer Goods Legal Liability	Per occurrence	
Sale and Disposal Liability		
Motels		
Liability For Guests' Property (Subject to Base Property Deductible)	Per guest	
	Per occurrence	
Liability For Guests' Property in Safe Deposit Boxes	Per occurrence	

ANNUAL PREMIUM AUDITS

Policy Subject to Premium Audit: YES Liability Exposure Base: (Sales or Payroll)
 Subcontracted Work: (Cost)

FORMS AND ENDORSEMENTS See Schedule of Forms and Endorsements

BLANKET INSURANCE:

Blanket #	Type of Property	Limit of Insurance

Minimum Premium: \$400.00

Total BOP Premium / Total BOP Advance Premium **\$3,678.00**