

I N S U R A N C E

August 10, 2015

Insurance Ready Reference for The Homeowners Association of The Coryell Ranch

Please retain this form in your insurance file along with your policy.

Thank you for choosing Neil-Garing Insurance for your Community Association Master Insurance Policy. To provide the best possible service to the unit owners, we ask that you review and observe the following procedures regarding coverage, claim reporting and certificates of insurance.

Retain this form for future reference with the actual policy to answer any questions that may arise. Coverage questions should be referred to Neil-Garing Insurance. It is preferred that the property manager or a board member makes contact.

Please provide a copy of the enclosed Unit Owners letter, the Association Insurance Summary, a certificate of insurance, and a copy of the association declarations and bylaws to each unit owner.

Your Neil-Garing Team

Producer: Beverly Beck, CIC
Commercial Account Executive: Caitlin Schard
Commercial Account Manager: Sarah Huff
Phone: 970-945-9111
Toll Free: 800-255-6390
Fax: 970-945-2350

Claim Reporting

Report all claims promptly to Neil-Garing Insurance at 970-945-9111 to the attention of Sarah Huff.

Certificates

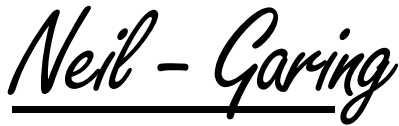
All requests for certificates of insurance for lending purposes must be emailed or faxed to our office at assncert@neil-garing.com or 970-945-2350 and must include the full name, physical address and complete mortgagee clause for each owner. Blank certificates may not be issued under any circumstance.

Coverage

Please reference the following pages for a summary of all insurance policies written through Neil-Garing Insurance.

The attached Unit Owner letter summarizes the coverage as applicable to the Association relative to our agreed interpretation of its Declarations and Bylaws.

This notice is furnished to you in accordance with Colorado Revised Statute 38-33.3-209.4 (2) (f)



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Insurance Summary for The Homeowners Association of The Coryell Ranch

Package Policy

Carrier: QBE Insurance Corporation
Policy #: 3067231/29383
Policy Term: 08/11/15 to 08/11/16
Building/Structures: \$320,000
Personal Property: \$69,064
Building Ordinance/Law A Undamaged Buildings: Included
Building Ordinance/Law B Demolition Costs: \$250,000
Building Ordinance/Law C Increased Construction Costs: \$250,000
Property Deductible: \$2,500
Boiler & Machinery: Included
General Liability: \$1,000,000 per occurrence / None aggregate
Medical Payments: \$5,000 per person
Hired & Non-Owned Auto Liability: \$1,000,000

Directors and Officers Liability

Carrier: QBE Insurance Corporation
Policy #: 3067231/29383
Policy Term: 08/11/15 to 08/11/16
Limit: \$1,000,000 per occurrence/aggregate
Deductible: \$0

Fidelity

Carrier: QBE Insurance Corporation
Policy #: 3067231/29383
Policy Term: 08/11/15 to 08/11/16
Employee Dishonesty Limit: \$100,000
Forgery or Alteration Limit: \$50,000
Computer Fraud Limit: \$50,000
Deductible: \$0

Disclaimer

This is only a summary of the insurance policy(ies) written through Neil-Garing Insurance for The Homeowners Association of. Please consult the actual policy(ies) for complete coverage, limits, endorsements and exclusions.



INSURANCE BINDER

OP ID: S4

DATE (MM/DD/YYYY)

8/10/2015


THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Neil-Garing Agency, Inc. PO Box 1576 Glenwood Springs, CO 81602 Beverly Beck, CIC		COMPANY QBE Insurance Corporation		BINDER # 20249											
PHONE (A/C, No, Ext): 970-945-9111		FAX (A/C, No): 970-945-2350		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 3067231/29383											
AGENCY CUSTOMER ID: HOME0-3		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Homeowners associaiton with 29 lots, several ponds, and a small cabin. 437 Coryell Ranch Road Homeowners Association (Lots)													
INSURED The Homeowners Association of c/o Chris Striefel PO Box 13 Carbondale CO 81623		<table border="1"> <thead> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>EXPIRATION DATE</th> <th>TIME</th> </tr> </thead> <tbody> <tr> <td>08/11/15</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>09/10/15</td> <td><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> </tbody> </table>				DATE	EFFECTIVE	TIME	EXPIRATION DATE	TIME	08/11/15	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	09/10/15	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
DATE	EFFECTIVE	TIME	EXPIRATION DATE	TIME											
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COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	Building Personal Property Ordinance or Law: Covg A Ordinance or Law: B&C Each	2,500 2,500 2,500 2,500	00 00	320,000 69,064 Included 250,000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> D&O Liab	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$	1,000,000 1,000,000 5,000 1,000,000 None 1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$	1,000,000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$	
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> ADDITIONAL INSURED	
		LOAN #			
		AUTHORIZED REPRESENTATIVE 			

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

