

BNKA-001326



DEER RUN HOMEOWNERS' PO BOX 6804 KETCHUM ID 83340-6804



018/001 001326 0606992233 { 4 } BNKA230415 029023

60699-22-33 04/15/23 02:36:05 6069922330023 001 A7933 AUTOMATIC-RENEWAL

ATTACH SRN FCS-0453 CM057PM3 06



Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents electronically and send them to us with just a few clicks. Its the convenient, secure way to submit forms that require your signature. Once this feature is added to your policy, any signature forms listed in your policy declarations with an asterisk (*) will be sent to you via eSign. Future changes to your policy will automatically process via eSign, if eligible.

If you havent signed up for eSign yet, contact your Farmers [®] agent today to get started.



2022 Exchange Update



Dear Fellow Truck Insurance Exchange Member:

As we close the books on 2021, Farmers Insurance Group continues to provide its customers with coverage options to help them manage risk and meet their insurance needs. We strive to deliver the best value and experience to every customer we're privileged to serve. Farmers appreciates your business and looks forward to continuing to earn your confidence for many years to come.

Truck Insurance Exchange is one of the insurers comprising Farmers Insurance Group. Truck Insurance Exchange along with Farmers Insurance Exchange and Fire Insurance Exchange, and their subsidiaries and affiliates, provide automobile, homeowners, personal umbrella and business owners insurance. For more information, please visit farmers.com.

Recent Developments

- A key highlight in 2021 was our successful acquisition and integration of MetLife Auto & Home, which diversified our distribution and extended the Farmers brand to new customers.
- We also continued our strong performance in customer experience, with our overall customer satisfaction score at an all-time high.
- In a year of elevated weather and fire catastrophes, Farmers responded with our award-winning Catastrophe team to serve our customers and help communities in need.

Better Together

- We began pivoting to a new way of working based on feedback from our employees and after demonstrating we're more
 than capable of operating Farmers and serving our customers with the vast majority of our employees working virtually.
- We are committed to a diverse workforce and are proud that Farmers has achieved a perfect score of 100 on the 2022 Corporate Equality Index (CEI).

Your Voting Rights

As a member of Truck Insurance Exchange, you have the important right to vote for representatives of the Exchange Board of Governors. To ensure that all our customers have an opportunity to exercise their voting rights, we now have three ways in which you can cast your votes. You may vote in person at the Annual Meeting of Members of Truck Insurance Exchange, appoint a proxy to act on your behalf by requesting and returning a completed proxy form, or conveniently cast your votes online through your Farmers.com account. Additional information on Truck Insurance Exchange and your voting options can be found in the FAQs on the other side of this page.

Thank you for your ongoing support and participation.

Sincerely,

Ronald L. Marrone

11/3 Mariene

Chair of the Board of Governors of Truck Insurance Exchange





Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

These changes may require updated insurance coverage for your business.

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review with you. During this review, your agent can
 talk to you about available insurance discounts, potential coverage gaps, and new products that may be
 available to you. In addition, if there have been changes in your business since your last policy review, your
 premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto www.mysafetypoint.com, then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.

If you have any questions, please contact your Farmers agent.

Redgy Christensen

Email: rchristensen1@farmersagent.com

208-726-6046





STATEMENT

TRUCK INSURANCE EXCHANGE DEER RUN HOMEOWNERS APRIL 15, 2023 PO BOX 6804 Date **KETCHUM** ID 83340-6804 75-47-34X Agent's Number Renewal Statement - The Company will renew your policy for an additional 12 months term only if 60699-22-33 payment of the premium indicated is made on or before the renewal date of this notice. Policy Number This Statement Reflects: Loan Number Effective Date: 05/11/23 New Business Reinstatement Change Of Coverage Added Coverage \$ Previous Balance Owing \$ Premium Membership, Policy, Reinstatement, Reissue or Service Fees Pro Rata Premium Due 8,467.00 Premium For Renewing Entire Present Coverage From 05/11/23 To 05/11/24 \$ \$ 8,467.00 Total Charges \$ \$ Payments \$ Other Credits **Total Credits** - NONE -BALANCE DUE UPON RECEIPT WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND Optional Amount PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES Refund POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A

IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E PREMIUM WILL BE BILLED. ACCT # F009970176-001-00001.



DISCOUNT, CONTACT YOUR AGENT TODAY.



Important Notice

Subscription Agreement Notice

(Please keep for your records)

By payment of the policy premium, you acknowledge that you have received and read the Truck Insurance Exchange Subscription Agreement (the terms of which are provided below) and that you agree to be bound to all of the terms and conditions of the Subscription Agreement.

Under the Subscription Agreement, you appoint Truck Underwriters Association (the "Association") to act as the attorney-in-fact. The Association has acted in this capacity since 1935. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

We reserve the right to request that you provide us with a signed Subscription Agreement and if you fail to do so, your coverage may be terminated.

Subscription Agreement

For and in consideration of the benefits to be derived therefrom the subscriber covenants and agrees with Truck Insurance Exchange and other subscribers thereto through their and each of their attorney-in-fact, Truck Underwriters Association, to exchange with all other subscribers' policies of insurance or reinsurance containing such terms and conditions therein as may be specified by said attorney-in-fact and approved by the Board of Governors or its Executive Committee for any loss insured against, and subscriber hereby designates, constitutes and appoints Truck Underwriters Association to be attorney-in-fact for subscriber, granting to it power to substitute another in its place, and in subscriber's name, place and stead to do all things which the subscriber or subscribers might or could do severally or jointly with reference to all policies issued, including cancellation thereof, collection and receipt of all monies due the Exchange from whatever source and disbursement of all loss and expense payments, effect reinsurance and all other acts incidental to the management of the Exchange and the business of interinsurance; subscriber further agrees that there shall be paid to said Association, as compensation for its becoming and acting as attorney-in-fact, the membership fees and twenty per centum of the Premium Deposit for the insurance provided and twenty per centum of the premiums required for continuance thereof.

The remaining portion of the Premium Deposit and of additional term payments made by or on behalf of the subscriber shall be applied to the payment of losses and expenses and to the establishment of reserves and general surplus. Such reserves and surplus may be invested and reinvested by a Board of Governors duly elected by and from subscribers in accordance with provisions of policies issued, which Board or its Executive Committee or an agent or agency appointed by written authority of said Executive Committee shall have full powers to negotiate purchases, sales, trades, exchanges, and transfers of investments, properties, titles and securities, together with full powers to execute all necessary instruments. The expenses above referred to shall include all taxes, license fees, attorneys' fees and adjustment expenses and charges, expenses of members' and governors' meetings, agents' commissions, and such other specified fees, dues and expenses as may be authorized by the Board of Governors. All other expenses incurred in connection with the conduct of the Exchange and such of the above expenses as shall from time to time be agreed upon by and between the Association and the Board of Governors or its Executive Committee shall be borne by the Association.

The principal office of the Exchange and its attorney-in-fact shall be maintained in the City of Los Angeles, County of Los Angeles, State of California.



This agreement can be signed upon any number of counterparts with the same effect as if the signatures of all subscribers were upon one and the same instrument, and shall be binding upon the parties thereto, severally and ratably as provided in policies issued. Wherever the word "subscriber" is used the same shall mean members of the Exchange, the subscriber hereto, and all other subscribers to this or any other like agreement. Any policy issued hereon shall be non-assessable.



Notice to Policyholders - Protective Safeguards Endorsement

Thank you for making Farmers $^{\circ}$ your insurer of choice. As you review the enclosed renewal policy, please note that endorsement E0018, Protective Safeguards continues to apply to your policy contract.

This endorsement excludes coverage for fire loss or damages if, prior to the fire, any protective safeguard device or system listed in the Schedule is:

- Impaired or suspended; or
- Not maintained in complete working order.

The endorsement also includes a condition, which requires that the listed protective devices and services be maintained in complete working order.

This notice is for informational purposes only; it is not a part of your insurance contract, nor is it a substitute for reviewing your policy.

If you have any questions, please contact your Farmers agent.





Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.

Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

Category	Examples			
Personal Identifiers	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifie IP address, e-mail address, account name, government issue identification number, phone number, signature.			
Personal Characteristics	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/othe status, and other descriptions of your physical characteristics			
Commercial Information	Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.			
Biometric Information	Voice print, photo.			
Internet or Network Activity	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.			
Geolocation	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.			
Audio, Electronic, Visual, Thermal, Olfactory	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.			
Professional Information and Employment Information	Job titles, work history, school attended, employment status, veteran, or military status.			
Education Information	Job titles, work history, school attended, marital status, e-mail telephone recordings.			
Inferences	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.			
Sensitive Personal Information	Social security number, drivers license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us.			



We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

Sharing Information with Affiliates

The Farmers Insurance Group $^{\oplus}$ of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

IMPORTANT PRIVACY CHOICES

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an opt-out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures - other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out Form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an opt-out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.

Additionally, under the California Consumer Privacy Act ("CCPA", California residents have the right to opt out of the sale of personal information to certain third parties. Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at https://www.farmers.com/california-consumer-privacy/.





Truck Insurance Exchange (A Reciprocal Insurer)

Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMON POLICY DECLARATIONS

Named	DEER RUN HOMEOWNERS'	F009970176-001-0000	F009970176-001-00001		
Insured		Account No.	Prod. Count		
Mailing	PO BOX 6804	75-47-34X	60699-22-33		
Address	KETCHUM, ID 83340-6804	Agent No.	Policy Number		
Form of Business	☐ Individual ☐ Joint Venture ☐ Limited Liabilit ☐ Corporation ☐ Partnership ☐ X Other Organization	Condominium			
Policy Period		ime applied for) andard time at your mailing address shov	wn above.		
insurance,	y replaces other coverage that ends at noon standard time of the coverage ends. This policy will continue for successi we will renew this policy if you pay the required renewal prules and forms then in effect.	ive noticy periods as follows: If we a	last to samting this		
This policy of change. Coverage	consists of the following coverage parts listed below and for wi	hich a premium is indicated. This premiu Premium After Discount And			
	iums Owners Policy	\$8,006.00	Modification		
Preferred (Community Association Management	\$425.00			
	pility And Data Breach Expense Coverage	\$36.00			
Certified A	Acts Of Terrorism - See Disclosure Endorsement	Included			
	Total (See Additional Fee Information Below	(₁) \$8,467.00			



Additional Fee Information

The following additional fees apply on an account, not a per-policy, basis.

• A **service fee** will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

Effective Date: 05-11-2023

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

 A returned payment fee applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

• A late fee will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable



The following applies on a per-policy basis.

A reinstatement fee of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the
cancellation date. This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.



J6300 3rd Edition

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE - PART I
SCHEDOLE - PARTI
Terrorism Premium (Certified Acts) \$ 84.00
Additional information, if any, concerning the terrorism premium:
SCHEDULE - PART II
Federal share of terrorism losses <u>80</u> % Year: 20 <u>23</u> (Refer to Paragraph B. in this endorsement)
Federal share of terrorism losses 80 % Year: 2024 (Refer to Paragraph B. in this endorsement)
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 a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) 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 calendar year 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 calendar year 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.



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Truck Insurance Exchange (A Reciprocal Insurer)Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

Named Insured	DEER RUN HOMEOWNERS'	
Mailing Address	PO BOX 6804 KETCHUM, ID 83340-6804	
Policy Nun	nber 60699-22-33	☐ Auditable
David	From <u>05-11-2023</u> To <u>05-11-2024</u>	12:01 A.M. Standard time at your mailing address shown above.
In return for this policy. W	the payment of premium and subje /e provide insurance only for those (ct to all the terms of this policy, we agree with you to provide insurance as stated in Coverages described and for which a specific limit of insurance is shown.
The following Favorable L	g premium credits and discounts ap oss Experience Discount	oplied to the premium associated with this coverage part:
There may be	e other credits and discounts you m	ray be able to enjoy, please contact your agent for full details.

Your Agent

Redgy Christensen

Redgy J Christensen Insurance Agenc 515 N River St Ste E Hailey, ID 83333 (208) 726-6046



Policy Number: 60699-22-33 **Effective Date:** 05-11-2023

PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS

The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.

Option:

BV - Blanket Value (see Base Coverage & Extensions for the total limit)

Valuation:

ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost;

ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC

Abbreviation: ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

Premises Number	Bldg. No.	Covered Premises Address	Mortgagee Name And Address	
001	All	145 Bird Dr Ketchum, ID 83340		

Coverage	Option	Valuation	Limit Of Insurance	Deductible/ Waiting Period
Building		GRC	\$6,220,800	\$5,000
Accounts Receivables - On-Premises	9		\$5,000	\$5,000
Building - Automatic Increase Amount			8%	
Building Ordinance Or Law - 1 (Undamaged Part)			Included	None
Building Ordinance Or Law - 2 (Demolition Cost)			\$267,500	None
Building Ordinance Or Law - 3 (Increased Cost)			\$267,500	None
Building Ordinance Or Law - Increased Period of Restoration			Included	None
Debris Removal			25% Of Loss + 10,000	
Earthquake Sprinkler Leakage			Included	\$5,000
Electronic Data Processing Equipment			\$10,000	\$5,000
Equipment Breakdown			Included	\$5,000
Equipment Breakdown - Ammonia Contamination			\$25,000	
Equipment Breakdown - Drying Out Coverage			Included	
Equipment Breakdown - Expediting Expenses			Included	2
Equipment Breakdown - Hazardous Substances			\$25,000	
Equipment Breakdown - Water Damage			\$25,000	
Exterior Building Glass			Included	\$5,000
Outdoor Property			\$50,000	\$5,000
Outdoor Property - Trees, Shrubs & Plants (Per Item)			\$25,000	\$5,000
Personal Effects			\$2,500	\$5,000
Specified Property			\$10,000	\$5,000
Valuable Paper And Records - On-Premises			\$5,000	\$5,000

Effective Date: 05-11-2023

PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE

The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).

Base Coverage And Extensions	Limit of Insurance	Deductible/ Waiting Period	
Accounts Receivables - Off-Premises	\$2,500		\$5,000
Association Fees And Extra Expense	\$100,000		\$5,000
Back Up Of Sewers Or Drains	\$100,000		\$5,000
Crime Conviction Reward	\$5,000		None
Orone Aircraft - Direct Damage (per occurrence)	\$10,000		\$5,000
Orone Aircraft - Direct Damage (per item)	\$2,500		\$5,000
Employee Dishonesty	\$50,000		\$500
ire Department Service Charge	\$25,000		None
ire Extinguisher Systems Recharge Expense	\$5,000		None
Forgery And Alteration	\$2,500		\$5,000
imited Biohazardous Substance Coverage - Per Occurrence	\$10,000		\$5,000
imited Biohazardous Substance Coverage - Aggregate	\$20,000		\$5,000
imited Coy Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000		\$5,000
Naster Key	\$10,000		None
Master Key - Per Lock	\$100		None
Noney And Securities - Inside Premises	\$10,000		\$500
Money And Securities - Outside Premises	\$10,000		\$500
Money Orders And Counterfeit Paper Currency	\$1,000	The state of	\$5,000
lewly Acquired Or Constructed Property	\$250,000		\$5,000
outdoor Signs	\$50,000		\$500
outdoor Signs - Per Sign	\$25,000		\$500
ersonal Property At Newly Acquired Premises	\$100,000		\$5,000
ersonal Property Off Premises	\$5,000		\$5,000
referred Community Association Management - Crisis Response	\$50,000		None
remises Boundary	100 Feet		None
reservation Of Property	30 Days		
nit Owners - Included With Building	Included		\$5,000
aluable Paper And Records - Off-Premises	\$2,500		\$5,000



Policy Number: 60699-22-33

Effective Date: 05-11-2023

LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE

Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.

Premium Basis: (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/Receipts; (U) Each Unit

(M) Public Area Square Feet

(O) Other:

Covered Premises And Operations

Address	Classification /Exposure	Class Code	Prem. Basis	Annual Exposure	Rate	Advance Premium
145 Bird Dr Ketchum, ID 83340	Condominiums / Townhomes	8641	1	Included	Included	Included
				۲		,
	• .					

Coverage			Amount / Dat
General Aggregate (Other T Products And Completed O Personal And Advertising In Each Occurrence Fenants Liability (Each Occo Medical Expense (Each Pers Pollution Exclusion - Hostile	ury urrence) on)	ns)	\$2,000,000 \$1,000,000 Included \$1,000,000 \$75,000 \$5,000 Included
Preferred Community Assoc Directors and Officers Errors Third Party Discrimination a Preferred Community Assoc Preferred Community Assoc Preferred Community Assoc	iation Management - Per Claim iation Management - Aggregate and Omissions Liability - Per Claim/ nd Employment Practices Liability - P iation Management - Self Insured Ret iation Management - Retroactive Dat iation Management - Prior Knowledge	er Claim/Aggregate ention e	\$1,000,000 \$1,000,000 Included Included \$2,500 Date Established
dired Auto Liability			\$1,000,000
Non-Owned Auto Liability			\$1,000,000
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Policy Forms And Endorsements Attached At Inception

Number	Title
25-2110	Notice - No Workers' Compensation Covg
25-9200ED3	Farmers Privacy Notice
25-9565ED1	Notice Re Pref Community Assoc Mgmt Covg
56-5166ED5	Addl Conditions - Reciprocal Provisions
56-6191	Cyber Liability & Data Breach Dec
E0018-ED2	Protective Safeguards
E0019-ED2	Eq Sprinkler Leakage
E0104-ED1	Business Liab Covg - Tenants Liability
E0119-ED5	Back Up Of Sewers And Overflow Of Drains
E0125-ED1	Lead Poisoning And Contamination Excl
E0147-ED1	War Liability Exclusion
E3015-ED2	Calculation Of Premium
E3024-ED3	Condominium Common Policy Conditions
E3037-ED1	No Covg-Certain Computer Related Losses
E3314-ED3	Condominium Liability Coverage Form
E3336-ED2	Hired Auto And Non-Owned Auto Liability
E3418-ED2	Condo Assoc Unit Covg End
E3422-ED3	Condominium Property Coverage Form
E6288-ED3	Exclusion - Conversion Projects
J6300-ED3	Disclosure - Terrorism Risk Ins Act
J6316-ED2	Excl Of Loss Due To Virus Or Bacteria
J6347-ED1	Excl-Violation Of Statutes
J6350-ED1	Employee Dishonesty - Property Manager
J6351-ED2	Limited Terrorism Exclusion
J6353-ED1	Change To Limits Of Insurance
J6612-ED2	Equipment Breakdown Coverage Endorsement
J6739-ED1	Two Or More Coverage Forms
J6829-ED1	Limited Coverage For Fungi And Bacteria
J6833-ED2	Condominium Premier Package End
J6848-ED1	Guaranteed Replacement Cost
J6849-ED2	Deductible Provisions
J7110-ED1	Exclusion Confidential Info
J7114-ED1	Removal Of Asbestos Exclusion
J7122-ED1	Loss Payment - Profit, Overhead & Fees
J7131-ED1	Dishonesty Excl-Tenant Vandal Excp
J7136-ED1	Pollution Exclusion - Expanded Exception
J7139-ED1	Bus Inc & Extra Exp - Partial Slowdown
J7144-ED1	Amendment Of Pers & Advertising Inj Covg
J7158-ED1	Damage To Property Exclusion Revised
J7183-ED1	Limitation - Designated Premises/Project
J7222-ED1	Marijuana Exclusion

Policy Number: 60699-22-33

Policy Forms And Endorsements Attached At Inception

Effective Date: 05-11-2023

Number		Title			
J7228-ED1	Drone Aircraft Coverage	e E			
7230-ED1	Supplementary Payments				
7493-ED1	Windstorm & Hail Loss Cond Er	Windstorm & Hail Loss Cond Endorsement			
J7495-ED1	Pref Community Association M	gmt Coverage			
J7507-ED1	Cyber Incident Exclusion				
S7500-ED3	ldaho Changes				
S7502-ED2	Conditional Exclusion Of Terror	rism			
S7508-ED1	Idaho Changes				
		a(x) = a(x)			



DECLARATIONS CYBER LIABILITY AND DATA BREACH RESPONSE COVERAGE

THIS COVERAGE INCLUDES CLAIMS MADE AND REPORTED COVERAGES. SUBJECT TO ITS TERMS, THIS COVERAGE FORM'S CLAIMS MADE COVERAGES APPLY ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENDED REPORTING PERIOD, IF APPLICABLE, PROVIDED SUCH CLAIM IS REPORTED IN WRITING TO THE COMPANY AS SOON AS PRACTICABLE. WITHOUT NEGATING THE FOREGOING REQUIREMENTS, SUCH NOTICE OF CLAIM MUST ALSO BE REPORTED NO LATER THAN 30 DAYS AFTER THE END OF THE POLICY PERIOD OR, IF APPLICABLE, DURING THE OPTIONAL EXTENDED REPORTING PERIOD. AMOUNTS INCURRED AS CLAIMS EXPENSES, WHICH INCLUDES DEFENSE COSTS, SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE RETENTIONS. THE COMPANY SHALL NOT BE LIABLE FOR ANY CLAIMS EXPENSES OR FOR ANY JUDGMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAS BEEN EXHAUSTED. PLEASE READ THE COVERAGE FORM CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR INSURANCE AGENT.

Named	DEER	RUN	HOMEON	WNERS
Insured				

Policy Number 60699-22-33

Mailing PO BOX 6804

Address KETCHUM, ID 83340-6804

Policy From: <u>05-11-2023</u>

Period To: 05-11-2024 12:01 A.M. Standard time at your mailing address shown above.

Retroactive Date: 05/11/2022

Continuity Date: 05/11/2022

Optional Extension Period:

Length of optional extension period:

If no time period is stated, optional extension period coverage is not provided.

Cyber Extortion Hot Line: 1-800-435-7764



Policy Number: 60699-22-33 Effective Date: 05-11-2023

- -		
Coverage	Limit Of Insurance	Retention/Waiting Period
Aggregate Limit of Liability	\$50,000	
Insuring Agreement A - Information Security & Privacy Liability	\$50,000	\$2,500
Insuring Agreement B - Privacy Breach Response Services	\$50,000/ 5,000 Notified Individuals	\$2,500/ 100 Notified Individuals
Insuring Agreement C - Regulatory Defense & Penalties	\$50,000	\$2,500
Insuring Agreement D - Website Media Content Liability	\$50,000	\$2,500
Insuring Agreement E - PCI Fines, Expenses And Costs	\$10,000	\$2,500
Insuring Agreement F - Cyber Extortion	\$50,000	\$2,500
Insuring Agreement G - First Party Data Protection	\$50,000	\$2,500
Insuring Agreement H - First Party Network Business Interruption Income Loss/Extra Expense	\$50,000	\$2,500
Waiting Period		12 hours

Policy Forms And Endorsements Attached At Inception

Number	Title
J7155-ED1 S7506-ED1	Cyber Liability Coverage Form Cyber Liab - ID Amendatory Endor
10	



Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.

