



**SPECIALIZING IN
INSURANCE FOR
CONDOMINIUMS**

Unparalleled Financial Strength

- Rated A+ by both A.M. Best and Standard & Poor's
- Of the 3,000 property and casualty carriers in the nation, named in the top 50 best-run carriers every year since 2000 by Ward Financial Group
- Founded in 1925 and writes business in 32 states

Best-In-Class Claims Handling

- 24/7 claims reporting by calling 800.242.7666 or logging on to acuity.com
- Provides meaningful, same-day claims contact 99.8% of the time
- Over 95% of claimants rate Acuity's claims service as "excellent" or "very good"

Award-Winning Service

- Real, live people answer your questions
- A variety of billing plans are offered to fit your individual needs
- Customers give us 4.4 out of 5 stars with nearly 1,000 reviews on trustpilot.com
- More than any other insurer in the nation, earned 69 technology awards in the past 20 years from ACORD, the organization that sets insurance industry standards

Independent Agent Professionalism

- Experienced independent agents serve your local community providing professional service
- An independent agent offers you access to options you can't get from someone who only represents one company

Welcome to the Acuity Advantage!



Find us on

Facebook

facebook.com/AcuityInsuranceCompany

Policyholder Disclosure Notice of Terrorism Insurance Coverage

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS UNITED STATES GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

We are required to offer coverage for terrorist acts as defined in the Act. The premium charge for this coverage is shown on the attached quote and is based on premiums for each coverage part included in your policy that qualifies for coverage under the Act and the location of any property covered under the policy. If you would like to accept our offer of coverage, you need not do anymore and your policy will be issued with the coverage. You may reject our offer of coverage. If you do, a premium charge may apply. That charge is also provided on the quote. The attached Terrorism Premium Information sheet provides complete information for developing this premium.

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC

Quote Number: Z80660-04
Policy Effective Date: 08-29-2024

**REJECTION OF COVERAGE FOR TERRORIST ACTS AS DEFINED IN THE
TERRORISM RISK INSURANCE ACT**

You may reject coverage for terrorist acts as defined in the Terrorism Risk Insurance Act, where permitted. You may do this any time prior to the Policy Effective Date shown above by signing this rejection form and submitting it using one of the following methods:

**Mail: Acuity
PO Box 58
Sheboygan, WI 53082-0058**

Email: clservice@acuity.com

Fax: 920.458.1618

I have read the Policyholder Disclosure Notice of Terrorism Insurance Coverage and the Terrorism Premium Information page(s) and hereby reject coverage for terrorist acts as defined in the Terrorism Risk Insurance Act. I understand that coverage for terrorist acts as defined in the Act will be excluded under my policy.

First Named Insured's Signature

Date

This rejection will be valid for the policy term that begins on the Policy Effective Date shown above.

Potential Change in Terrorism Coverage During the Term of Your Policy
(Applicable to Coverage Other Than Workers' Compensation
and Employers' Liability Insurance)

The Terrorism Risk Insurance Act established the Terrorism Risk Insurance Program. The Program is scheduled to terminate at the end of December 31, 2027, unless extended by the federal government. If the federal Program terminates before or during the term of your policy, the treatment of terrorism under your policy will change. An endorsement, Conditional Exclusion of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act), has been attached to your policy. The provisions of this endorsement will become applicable to your policy if the Program terminates as scheduled. Under this endorsement coverage for injury or damage arising out of a terrorism incident is excluded if:

- The total of all insured damage to all types of property and business interruption losses from the incident, exceeds \$25 million.
- For certain coverage, fifty or more persons sustain death or serious physical injury.
- The terrorism event involves nuclear materials or results in nuclear reaction or radiation or radioactive contamination.
- The terrorism event involves the release of radioactive material, and it appears that one purpose of the terrorism was to release such material.
- The terrorism event is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials.
- The terrorism event involves the release of pathogenic or poisonous biological or chemical materials and it appears that one purpose of the terrorism was to release such materials.

We will refund the premium charged for terrorism coverage if you have or will be accepting coverage for terrorism as defined in the Act and the Program is terminated. If your policy is effective prior to December 31, 2027, you will be refunded the premium charged from January 1, 2028, until the end of your policy term. If your policy is effective on or after January 1, 2028, you will be refunded the entire premium charged.

If the Program is extended without change, the coverage under your policy and any premium charge will not change.

Potential Change in Terrorism Coverage During the Term of Your Policy
(Applicable to Workers' Compensation and Employers' Liability Insurance)

The Terrorism Risk Insurance Act established the Terrorism Risk Insurance Program. The Program is scheduled to terminate at the end of December 31, 2027, unless extended by the federal government. If the federal Program terminates before or during the term of your policy, the treatment of terrorism under your policy will not change. The premium charge for coverage your policy provides for terrorism or war losses may continue or change if the federal Program terminates.



Terrorism Premium Information Idaho

The premium for terrorism coverage, as defined in Section 102(1) of the Act, is based on the premiums for each coverage part included in your policy that qualifies for coverage under the Terrorism Risk Insurance Act. Refer to the attached Policyholder Disclosure Notice of Terrorism Insurance Coverage for a description of applicable provisions in the Act.

If your Acuity policy contains the following coverage part:	The premium charge for terrorism insurance if you accept coverage under the Act is:
<ul style="list-style-type: none"> • Bis-Pak - Property Portion of Your Premium 	<ul style="list-style-type: none"> • 4.2% of the property premium for all locations
<ul style="list-style-type: none"> • Bis-Pak - Liability Portion of Your Premium 	<ul style="list-style-type: none"> • 1% of the liability premium applying to your policy
<ul style="list-style-type: none"> • Commercial Property Coverage Part and Commercial Output Program in the Commercial Inland Marine Coverage Part 	<ul style="list-style-type: none"> • 4.2% of the premium for all locations
<ul style="list-style-type: none"> • Commercial Inland Marine Coverage Part - except for the Commercial Output Program 	<ul style="list-style-type: none"> • 3% of the premium for all locations
<ul style="list-style-type: none"> • Commercial General Liability and Commercial Excess Liability Coverage Parts 	<ul style="list-style-type: none"> • 1% of the premium applying to each of the coverage parts
<ul style="list-style-type: none"> • Workers' Compensation 	<ul style="list-style-type: none"> • The premium charge is \$.01 for each \$100 of payroll for all classes

*Workers' Compensation coverage automatically applies to loss caused by terrorism. You are **not** permitted to reject this coverage.



Commercial Lines Automatic Payment Option Authorization

Acuity is committed to safeguarding your financial information. In order to expedite fraud prevention efforts, name and billing address are required and should be exactly as they appear on your bank statement.

Policyholder's Name _____

Billing Address _____
Number and Street City State Zip Code

Policy Number _____ Daytime Phone Number _____

Email Address _____

Financial Institution _____ Account Holder's Name _____
(if different than Policyholder's Name)

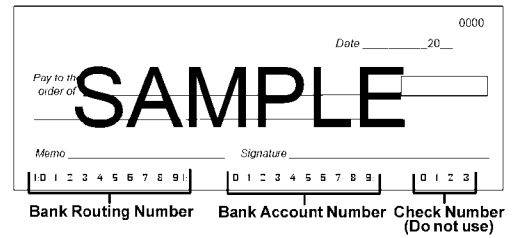
Select a Pay Plan:

- 1-Pay - One installment for the total premium due.
- 2-Pay - Two equal installments with second installment due in 5 months.
- 4-Pay - Four equal installments at 90-day intervals.
- 5-Pay - Five equal installments at 30-day intervals.
- 11-Pay - Eleven equal installments at 30-day intervals.

Select a Payment Method:

- Checking** **Savings** - \$2 fee per installment
- If Checking, please also attach a voided check.

Bank Routing Number: _____
Account Number: _____



I authorize Acuity, A Mutual Insurance Company, including any of its subsidiary companies I transact business with, to make deductions from my account for my insurance policy. Acuity will advise me in advance of any changes in the amount to be deducted from my account. If the scheduled payment amount is greater than the premium remaining on my policy, the reduced amount will be deducted. I understand a stop payment can be placed on a payment by notifying my financial institution any time up to three business days preceding the scheduled date. I agree to keep my account information up to date and notify Acuity of any changes to the above information. I understand that failure to update my account information may result in a fee for payment returned by the financial institution. My authorization remains in effect continuously throughout the terms of any policy issued and I can cancel this authorization at any time by calling Acuity at 800.242.7666.

Signature _____ Date _____
(Signature of account holder and voided check or account information are required.)

Please sign the above authorization

Upload scanned document on acuity.com > Contact Us > Billing > Send Billing Inquiry

Fax to 920.458.1618

Or mail to the following address:

Acuity
PO Box 718
Sheboygan WI 53082-0718



**SPECIALIZING IN
INSURANCE FOR
CONDOMINIUMS**

**ACUITY QUOTATION
SUMMARY**

Acuity, A Mutual Insurance Company

Applicant's Name and Address:

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC
PO BOX 1223
KETCHUM ID 83340

Quote Number: Z80660-04

Date Quoted: 08/20/24

Agency Name and Number:

AMERICAN INSURANCE AND INVESTMENTS
8078 - AY

Producer: JOHNSON, BRIAN R

Underwriter: MULDOON, KATIE

Area Sales

Manager: KRISTIN BECKER

This quotation is valid for 30 days from the date quoted and is subject to both satisfactory underwriting investigation and acceptable loss experience.

Premium is subject to change if all lines of coverage quoted are not bound.

Premiums and Payment Plans reflect the Exclusion of Terrorism Coverage

Property	\$	37,059.00
General Liability		2,508.00
Automobile		424.00
Fidelity		451.00
Excess Liability (See Schedule of Underlying insurance)		1,600.00
Condo Directors and Officers Cov (Not eligible for Excess Liability)		
Employment-Related Practices Liab (Note: Not eligible for Excess Liability)		
Total Estimated Annual Premium	\$	42,042.00
(Reflects deposit premium for any coverage on reporting form)		

The premiums shown above include a charge of \$0.00 for adding terrorism coverage to your policy, which cannot be excluded as a matter of law.

You may add additional terrorism coverage, as described in the attached notices. Please refer to the Terrorism Premium Information Page included with this quote for premium information.

Please indicate the desired pay plan.

Quote Number: Z80660-04
Date: 08/20/24

ACUITY QUOTATION SUMMARY

Premiums and pay plan options displayed are estimates and may be subject to change upon policy issuance.

Total Estimated Annual Premium: \$ 42,042.00

Automatic Payment Options via Checking or Savings

- *To save time and money, choose the 1-Pay option with no installment fees*
- *Payment options other than 1-Pay include a \$2 fee per installment*
- *To enroll, complete the Automatic Payment Option Authorization form (S-623CL) included with this quote*

1-Pay - One installment of \$42,042.00

2-Pay - Two equal installments of \$21,023.00 with second installment due in 5 months

4-Pay - Four equal installments of \$10,512.50 at 90-day intervals

5-Pay - Five equal installments of \$8,410.40 at 30-day intervals

11-Pay - Eleven equal installments of \$3,824.00 at 30-day intervals

Direct Bill Payment Options

- *Payment options other than 1-Pay include a \$7 fee per installment*

1-Pay - One installment of \$42,042.00

2-Pay - \$21,028.00 down and balance of \$21,028.00 due in 5 months

4-Pay - \$10,517.50 down, and balance due in 3 equal installments of \$10,517.50 at 80, 170 and 260 days

5-Pay - \$8,415.40 down, and balance due in 4 equal installments of \$8,415.40 at 30-day intervals

11-Pay - \$6,313.30 down, and balance due in 10 equal installments of \$3,580.57 at 30-day intervals

Payment due dates are approximate and may vary based on policy changes and state regulations.



**ACUITY QUOTATION
COMMERCIAL PROPERTY ENDORSEMENT**

Applicant's Name and Address:

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC
PO BOX 1223
KETCHUM ID 83340

Quote Number: Z80660-04

Date: 08/20/24

Agency Number: 8078

Term: Effective Date: 08-29-24
Expiration Date: 08-29-25

COMMERCIAL PROPERTY PREMIUM SUMMARY

Property Coverage Premium	\$ 33,018.00
Endorsement Premium	4,041.00
Total Estimated Premium	\$ 37,059.00

The premiums shown include a charge of \$0.00 for terrorism coverage which cannot be excluded from your policy as a matter of law.

You may add additional terrorism coverage as described in the attached notices. Please refer to the Terrorism Premium Information page included with this quote for premium information.

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

COMMERCIAL PROPERTY SCHEDULE

State	Dev/ Mod	Rate Age
ID	1.386	312

DESCRIPTION OF PREMISES

Premises Number	Building Number	Construction, Occupancy and Location	Protection Class	Territory	Year Built
001	001	FRAME CONDO UNITS 351 2ND AVE S KETCHUM ID	003	070	1985
001	004	FRAME POOL HOUSE 351 2ND AVE S KETCHUM ID	003	070	1995
002	001	FRAME 4 TOWNHOMES 270 COTTONWOOD LN KETCHUM ID	005	070	1995

Quote Number: Z80660-04
Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL PROPERTY ENDORSEMENT

Premises Number	Building Number	Construction, Occupancy and Location	Protection Class	Territory	Year Built
003	001	FRAME 3 TOWNHOMES 280 COTTONWOOD LN KETCHUM ID	005	070	1995

COMMERCIAL PROPERTY COVERAGES AND PREMIUMS

Coverage Item	Premises Number	Building Number	Limit of Insurance	Covered Causes of Loss	Coinsurance Percentage	Premium
Building with Ordinance or Law Coverage A Net Rates: Group I .056 Group II .030 Special .046	001	001	\$ 13,824,000	Special	100%	\$ 18,977.00
Business Income and Extra Expense Net Rates: Group I .071 Group II .031 Special .049	001	001	300,000	Special		453.00
Building with Ordinance or Law Coverage A Net Rates: Group I .403 Group II .115 Special .155	001	004	39,020	Special	100%	272.00
Building with Ordinance or Law Coverage A Net Rates: Group I .049 Group II .035 Special .051	002	001	5,382,540	Special	100%	7,556.00
Business Income and Extra Expense Net Rates: Group I .055 Group II .030 Special .048	002	001	100,000	Special		133.00
Building with Ordinance or Law Coverage A Net Rates: Group I .053 Group II .038 Special .055	003	001	3,617,460	Special	100%	5,494.00
Business Income and Extra Expense	003	001	100,000	Special		133.00

Quote Number: Z80660-04
 Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL PROPERTY ENDORSEMENT

Coverage Item	Premises Number	Building Number	Limit of Insurance	Covered Causes of Loss	Coinsurance Percentage	Premium
Net Rates:						
Group I	.055					
Group II	.030					
Special	.048					
Property Coverage Premium						\$ 33,018.00

COMMERCIAL PROPERTY OPTIONAL COVERAGES

Coverage Item	Premise Number	Building Number	Deductible	Agreed Value	Inflation Guard Percentage
Building with Ordinance or Law Coverage A	001	001	\$ 10,000	\$ 13,824,000	8%
Business Income and Extra Expense	001	001			
Building with Ordinance or Law Coverage A	001	004	10,000	39,020	8%
Building with Ordinance or Law Coverage A	002	001	10,000	5,382,540	8%
Business Income and Extra Expense	002	001			
Building with Ordinance or Law Coverage A	003	001	10,000	3,617,460	8%
Business Income and Extra Expense	003	001			

Premises Number	Building Number	Replacement Cost			Business Income Indemnity			Business Income		
		Building	Personal Property	Including Stock	Monthly Limit	Maximum Period	Extended Period	Including Rent	Excluding Rent	Rental Value
001	001	X			1/4			X		
001	004	X								
002	001	X			1/4			X		
003	001	X			1/4			X		

COMMERCIAL PROPERTY ENDORSEMENTS

Endorsement	Premises Number	Building Number	Limit of Insurance	Premium
Ordinance or Law Coverage				\$ 131.00
Coverage B Demolition Cost	001	001	\$ 100,000	
Coverage C Increased Cost of Construction	001	001	Included	

Quote Number: Z80660-04
 Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL PROPERTY ENDORSEMENT

Endorsement	Premises Number	Building Number	Limit of Insurance	Premium
Water Backup and Sump Overflow	001	001	50,000	250.00
Ordinance or Law Coverage				660.00
Coverage B Demolition Cost	001	004	100,000	
Coverage C Increased Cost of Construction	001	004	Included	
Water Backup and Sump Overflow	001	004	50,000	250.00
Ordinance or Law Coverage				136.00
Coverage B Demolition Cost	002	001	100,000	
Coverage C Increased Cost of Construction	002	001	Included	
Water Backup and Sump Overflow	002	001	50,000	250.00
Ordinance or Law Coverage				148.00
Coverage B Demolition Cost	003	001	100,000	
Coverage C Increased Cost of Construction	003	001	Included	
Water Backup and Sump Overflow	003	001	50,000	250.00

Endorsement	Premium
Acuity Property Enhancements	\$ 400.00
Account Receivable - On-Premises	\$100,000
Arson and Other Reward	25,000
Buildings at a Newly Acquired Location	500,000
Business Personal Property at a Newly Acquired Location	250,000
Business Personal Property Covered Within 1,000 Feet of Premises	Included
Coinsurance Waived on Losses Under \$10,000	
Cost to Prepare Inventory	5,000
Data and Media Coverage	10,000
Debris Removal	25,000
Employee Dishonesty	10,000
Extra Expense	1,000
Fine Arts	5,000
Fire Department Service Charge	25,000
Fire Extinguishers & Fire Extinguishing System Recharge	Actual Loss Sustained
Fire Extinguishing System Discharge Damage	25,000
Forgery and Alteration	25,000
Lock Replacement	5,000
Money and Securities On-Premises	10,000
Money and Securities Off-Premises	5,000

Quote Number: Z80660-04
 Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL PROPERTY ENDORSEMENT

Endorsement	Premium
Ordinance or Law - Blanket Coverage	Lesser of \$50,000 or 33% of the Building Amount
Ordinance or Law Green Coverage - Blanket	30,000
Outdoor Property and Fences	15,000
Outdoor Signs	10,000
Personal Computer Coverage On-Premises	25,000
Personal Computers Off-Premises	25,000
Personal Effects and Property of Others	15,000
Pollutant Clean Up and Removal	25,000
Portable Tools	5,000
Power Failure and Changes in Temperature or Humidity	25,000
Preservation of Property	90 Days
Property in Transit	25,000
Property Off-Premises	25,000
Security After Loss	10,000
Valuable Papers and Records	100,000 of the Limit Shown Above is Automatically Included

This list is intended to provide a basic summary of the coverages and limits of insurance available under the Acuity Property Enhancements endorsement. Only the policy, if issued, will contain the actual coverages, limits, terms and conditions that will apply.

Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)	1,566.00
--	----------

Forms and Endorsements

Includes all state mandatory forms

CP-0090F	07-88	Commercial Property Conditions
IL-0017F	11-98	Common Policy Conditions
CP-0017R	10-12	Condominium Association Coverage Form
CP-1075F	12-20	Cyber Incident Exclusion
CP-7175	12-23	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)
CP-1532F	06-07	Civil Authority Changes
CP-0030F	09-20	Business Income and Extra Expense Coverage Form
CP-1030F	09-20	Causes of Loss - Special Form
CP-7102	09-20	ACUITY Property Enhancements
IL-0935F	07-02	Exclusion of Certain Computer-Related Losses
CP-0140F	07-06	Exclusion of Loss Due to Virus or Bacteria
IL-0995R	01-15	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)
IL-0204F	03-14	Idaho Changes - Cancellation and Nonrenewal
CP-0411R	09-17	Protective Safeguards
CP-1034F	10-12	Exclusion of Loss Due to By-Products of Prod. or Proc. Ops (rental prop)
CP-7062	08-10	Water Backup and Sump Overflow
CP-0405F	09-17	Ordinance or Law Coverage
CP-1036F	10-12	Limitations on Coverage for Roof Surfacing
IL-7081	01-15	Exclusion of Certified Acts Of Terrorism

Quote Number: Z80660-04
Date: 08/20/24

**ACUITY QUOTATION
COMMERCIAL PROPERTY ENDORSEMENT**

State Endorsement Assignment

CP-1036F Excludes cosmetic damage to roof surfacing caused by wind and/or hail.



**ACUITY QUOTATION
COMMERCIAL GENERAL LIABILITY ENDORSEMENT**

Applicant's Name and Address:

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC
PO BOX 1223
KETCHUM ID 83340

Quote Number: Z80660-04

Date: 08/20/24

Agency Number: 8078

Term: Effective Date: 08-29-24
Expiration Date: 08-29-25

COMMERCIAL GENERAL LIABILITY PREMIUM SUMMARY

General Liability Schedule Premium	\$	1,587.00
General Liability Endorsement Premium		391.00
Directors' and Officers' Liability Premium		350.00
Employment-Related Practices Liability Premium		180.00
Total Estimated Premium	\$	2,508.00

The premiums shown include a charge of \$0.00 for terrorism coverage which cannot be excluded from your policy as a matter of law.

You may add additional terrorism coverage as described in the attached notices. Please refer to the Terrorism Premium Information page included with this quote for premium information.

COMMERCIAL GENERAL LIABILITY COVERAGE FORM - ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

DIRECTORS' AND OFFICERS' LIABILITY COVERAGE FORM - ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

EMPLOYMENT - RELATED PRACTICES LIABILITY COVERAGE FORM - ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

COMMERCIAL GENERAL LIABILITY SCHEDULE

<u>State</u>	<u>Mod/ Deviation</u>	<u>Rate Age</u>
--------------	---------------------------	---------------------

Quote Number: Z80660-04
 Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL GENERAL LIABILITY ENDORSEMENT

ID 1.377 246

COMMERCIAL GENERAL LIABILITY LIMITS OF INSURANCE

General Aggregate Limit (Other Than Products-Completed Operations)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	2,000,000
Personal and Advertising Injury Limit (Any One Person or Organization)	1,000,000
Each Occurrence Limit	1,000,000
Damage To Premises Rented To You Limit (Any One Premises)	300,000
Medical Expense Limit (Any One Person)	10,000

SCHEDULE OF LIABILITY CLASSIFICATIONS

Unit No.	Classification Description	Class Code	Premium Basis ¹	Rates		Premium
				Premises	Products	
001	Condominiums - Residential - Association Risk Only - Products - completed operations for this classification are subject to the General Aggregate Limit	62003	30 UN	32.321	Included	\$ 970.00
002	Swimming Pools-NOC - Products - completed operations for this classification are subject to the General Aggregate Limit	48925	1 UN	391.377	Included	391.00
003	Condominiums - Residential - Association Risk Only - Products - completed operations for this classification are subject to the General Aggregate Limit	62003	4 UN	32.321	Included	129.00
006	Condominiums - Residential - Association Risk Only - Products - completed operations for this classification are subject to the General Aggregate Limit	62003	3 UN	32.321	Included	97.00
General Liability Schedule Premium						\$ 1,587.00

¹ UN = Units - Rates Apply Per Unit

ENDORSEMENT PREMIUM SUMMARY

Endorsement	Limit of Insurance	Premium
Cyber Suite	100,000 1,000 Deductible	\$ 391.00

Quote Number: Z80660-04
 Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL GENERAL LIABILITY ENDORSEMENT

Endorsement	Limit of Insurance	Premium
Acuity Advantages - General Liability		Included
Bail Bonds Supplementary Payment	\$750	
Extended Nonowned Watercraft Coverage	Watercraft is Less Than 51 Feet Long	
Knowledge of Claim or Suit	Broadened	
Newly Acquired Organizations as an Insured	180 Days	
Reasonable Expenses Incurred Supplementary Payment	300	

This list is intended to provide a basic summary of the coverages and limits of insurance available under the Acuity Advantages - General Liability endorsement. Only the policy, if issued, will contain the actual coverages, limits, terms and conditions that will apply.

DIRECTORS' AND OFFICERS' LIABILITY COVERAGE

LIMIT OF LIABILITY AND PREMIUM

Limit for each and every loss and in the aggregate each policy period	\$	1,000,000
Directors' and Officers' Liability Premium	\$	350.00

EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE

LIMIT OF INSURANCE

Limit of Insurance	\$	100,000
Deductible Amount	\$	500

Claims-made Coverage

Retroactive Date: 08-29-17

Pending or Prior Litigation Date: 08-29-17

CLASSIFICATION AND PREMIUM

Unit No.	Classification Description	Class Code	Premium Base ¹	Rate	Advance Premium
004	Hotels, Rooming Houses, Camps And Other Lodging Places	67070	10	18.000	\$ 180.00

Quote Number: Z80660-04
 Date: 08/20/24

ACUITY QUOTATION
COMMERCIAL GENERAL LIABILITY ENDORSEMENT

Unit No.	Classification Description	Class Code	Premium Base ¹	Rate	Advance Premium
Premium					\$ 180.00

¹ Employees - Rates Apply Per Employee

Employment-Related Practices Liability Premium					\$ 180.00
---	--	--	--	--	------------------

Forms and Endorsements

Includes all state mandatory forms

CG-0001R	12-11	Commercial General Liability Coverage Form
CG-2147F	12-07	Employment - Related Practices Exclusion
CG-2167F	12-04	Fungi or Bacteria Exclusion
CG-2004F	11-85	Additional Insured - Condominium Unit Owners
CG-2292F	12-07	Snow Plow Operations Coverage
CG-7300	04-08	Acuity Advantages - General Liability
CG-2187R	01-15	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)
CG-0068F	05-09	Recording and Distribution of Material or Info in Violation of Law Exclusion
CG-2109F	06-15	Exclusion - Unmanned Aircraft
CG-2106F	05-14	Exclusion-Access of Confidential or Personal Info/Data with Limited BI
IL-7149	07-20	Cyber Suite Coverage
IL-7151	07-20	Cyber Suite Schedule
CG-2144F	07-98	Limitation of Coverage to Designated Premises or Project
CG-7322	01-15	Exclusion of Certified Acts of Terrorism
EP 01 21	09-07	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
EP 00 01	11-09	Employment-Related Practices Liability Coverage Form
EP 70 06	08-16	Premium Audit Change
EP 70 07	02-22	Communicable Disease Exclusion
CG-7154	09-05	Directors and Officers Liability Coverage Form - Condominium or Cooperative
IL-0017F	11-98	Common Policy Conditions
IL-0021F	03-14	Nuclear Energy Liability Exclusion - Broad Form
IL-0204F	03-14	Idaho Changes - Cancellation and Nonrenewal
IL-7012	01-18	Asbestos Exclusion



**ACUITY QUOTATION
COMMERCIAL AUTO ENDORSEMENT**

Acuity, A Mutual Insurance Company

Applicant's Name and Address:

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC
PO BOX 1223
KETCHUM ID 83340

Quote Number: Z80660-04

Date: 08/20/24

Agency Number: 8078

Term: Effective Date: 08-29-24

Expiration Date: 08-29-25

The premiums shown include a charge of \$0.00 for terrorism coverage which cannot be excluded from your policy as a matter of law.

You may add additional terrorism coverage as described in the attached notices. Please refer to the Terrorism Premium Information page included with this quote for premium information.

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

COVERED AUTOS PREMIUM SUMMARY

Coverages	Covered Auto Symbols	Limit of Insurance	Premium
Liability	8,9	\$ 1,000,000 each accident	\$ 424.00
Covered Autos Premium			\$ 424.00

SCHEDULE OF COVERED AUTOS

Unit No.	Model Year	Vehicle Description	Vehicle ID Number	State	ZIP	Class Code	Rate Age
0001		HIRED AUTOS (\$0 estimated cost of hire)		ID	83340	500000	260
0002		NONOWNED AUTOS (0 Employees)		ID	83340	600000	260

Unit No.	Liability Limit ²²	Liability BI Premium	Liability PD Premium	PD Deductible	Medical Payments Limit	Medical Payments Premium
0001	1,000,000	272.00	Included			
0002	1,000,000	152.00	Included			
		424.00				

Unit No.	Uninsured Motorists Limit ¹	Uninsured Motorists Premium	UMPD Deductible	Underinsured Motorists Limit ¹	Underinsured Motorists Premium
----------	--	-----------------------------	-----------------	---	--------------------------------

0001

Quote Number: Z80660-04
Date: 08/20/24

**ACUITY QUOTATION
COMMERCIAL AUTO ENDORSEMENT**

<u>Unit No.</u>	<u>Uninsured Motorists Limit ¹</u>	<u>Premium</u>	<u>UMPD Deductible</u>	<u>Underinsured Motorists Limit ¹</u>	<u>Premium</u>
0002					

<u>Unit No.</u>	<u>Stated Amount</u>	<u>Comprehensive</u>			<u>Specified Causes of Loss</u>				<u>Full Glass</u>
		<u>Deductible Amount</u>	<u>Sym</u>	<u>Premium Amount</u>	<u>Stated Amount</u>	<u>Deductible Amount</u>	<u>Sym</u>	<u>Premium Amount</u>	
0001									
0002									

<u>Unit No.</u>	<u>Stated Amount</u>	<u>Collision</u>			<u>Towing</u>		<u>APC Discount</u>	<u>Safety Discount</u>
		<u>Type</u>	<u>Deductible Amount</u>	<u>Sym</u>	<u>Premium Amount</u>	<u>Limit</u>		
0001								
0002								

<u>Unit No.</u>	<u>Fleet No.</u>	<u>Premium Per Unit Number</u>
0001		272.00
0002		152.00
Covered Autos Premium		\$ 424.00

Absence of a limit indicates no coverage is provided.

¹ First number is thousands of bodily injury coverage each person; second number is thousands of bodily injury coverage each accident; third number (if any) is thousands of property damage coverage each accident.

²² Number is combined single limit Liability Coverage for bodily injury and property damage.

Forms and Endorsements

Includes all state mandatory forms

IL-0017F	11-98	Common Policy Conditions
IL-0021F	03-14	Nuclear Energy Liability Exclusion - Broad Form
IL-7012	01-18	Asbestos Exclusion
CA-0001F	08-19	Business Auto Coverage Form
CA-2384F	10-13	Exclusion of Terrorism
CA-0118F	11-13	Idaho Changes
IL-0204F	03-14	Idaho Changes - Cancellation and Nonrenewal
CA-2345F	11-16	Public or Livery Passenger Conveyance and On-Demand Delivery Services Exclusion



**ACUITY QUOTATION
CRIME/FIDELITY ENDORSEMENT**

Applicant's Name and Address:

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC
PO BOX 1223
KETCHUM ID 83340

Quote Number: Z80660-04

Date: 08/20/24

Agency Number: 8078

Term: Effective Date: 08-29-24
Expiration Date: 08-29-25

CRIME / FIDELITY PREMIUM SUMMARY

Fidelity Coverage Premium	\$	451.00
Total Estimated Premium	\$	451.00

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

COMMERCIAL FIDELITY SCHEDULE

State	Rate
<u> </u>	<u> Age</u>
ID	39

CRIME / FIDELITY COVERAGES AND PREMIUMS

EMPLOYEE DISHONESTY COVERAGE FORM A - BLANKET

<u>Premises Number</u>	<u>Building Number</u>	<u>Limit of Insurance</u>	<u>Deductible Amount</u>	<u>Premium</u>
All	All	\$ 75,000	\$ 1,000	\$ 356.00

FORGERY OR ALTERATION COVERAGE FORM B

<u>Premises Number</u>	<u>Building Number</u>	<u>Limit of Insurance</u>	<u>Deductible Amount</u>	<u>Premium</u>
All	All	\$ 75,000	\$ 1,000	\$ 95.00

Forms and Endorsements

Includes all state mandatory forms

CR-1026F	10-90	Include Specified Noncompensated Officers as Employees
CR-0001F	10-90	Employee Dishonesty Coverage Form A - Blanket
CR-1000F	04-97	Crime General Provisions
IL-0017F	11-98	Common Policy Conditions
IL-0030F	09-14	Exclusion of Terrorism

Quote Number: Z80660-04
Date: 08/20/24

**ACUITY QUOTATION
CRIME/FIDELITY ENDORSEMENT**

Forms and Endorsements

Includes all state mandatory forms

IL-0204F	03-14	Idaho Changes - Cancellation and Nonrenewal
CR-0003F	01-86	Forgery or Alteration Coverage Form B



**ACUITY QUOTATION
EXCESS LIABILITY ENDORSEMENT**

Applicant's Name and Address:

CHRISTOPHE CONDOMINIUM
ASSOCIATION INC
PO BOX 1223
KETCHUM ID 83340

Quote Number: Z80660-04

Date: 08/20/24

Agency Number: 8078

Term: Effective Date: 08-29-24
Expiration Date: 08-29-25

The premiums shown include a charge of \$0.00 for terrorism coverage which cannot be excluded from your policy as a matter of law.

You may add additional terrorism coverage as described in the attached notices. Please refer to the Terrorism Premium Information page included with this quote for premium information.

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

HARRIMAN PLACE

EXCESS LIABILITY LIMITS OF INSURANCE

General Aggregate (Other Than Products-Completed Operations)	\$ 4,000,000
Products-Completed Operations Aggregate	4,000,000
Each Occurrence	4,000,000

Coverage: Occurrence

SCHEDULE OF UNDERLYING INSURANCE

Automobile Liability
General Liability

EXCESS LIABILITY SCHEDULE

Estimated Premium	\$ 1,600.00
-------------------------	-------------

Premium Computation: Not Subject to Audit

Forms and Endorsements

Includes all state mandatory forms

CU-7010	03-03	Nuclear Energy Liability Exclusion Endorsement
CU-7050	03-03	Employment-Related Practices Liability Exclusion
CU-7072	01-15	Conditional Exclusion of Terrorism (Relating to Disposition of Fed. Act)
CU-7008	11-05	Asbestos Exclusion
CU-7140	10-20	Cyber Suite Exclusion
CU-7054	03-03	Fungi or Bacteria Exclusion
CU-7037	05-05	Commercial Excess Liability Coverage Form
CU-7067	03-03	War Liability Exclusion
CU-7084	01-08	Idaho Changes - Cancellation and Nonrenewal
CU-7127	11-16	Public or Livery Passenger Conveyance and On-Demand Deliver Services Exclusion

Quote Number: Z80660-04
Date: 08/20/24

ACUITY QUOTATION
EXCESS LIABILITY
ENDORSEMENT

Forms and Endorsements

Includes all state mandatory forms

CU-7142	09-20	Communicable Disease Exclusion
CU-7086	01-15	Exclusion of Certified Acts of Terrorism