



## Policyholder Information

### Named Insured & Mailing Address

ASPEN HOLLOW HOMEOWNERS ASSOC INC  
PO Box 1832  
Sun Valley, ID 83353

### Agent Mailing Address & Phone No.

(208) 788-1100  
WOOD RIVER INSURANCE AGENCY  
410 N Main St  
Hailey, ID 83333-8416

### Dear Policyholder:

Your  
Commercial  
Documents

We know you work hard to build your business. We work together with your agent, **WOOD RIVER INSURANCE AGENCY (208) 788-1100** to help protect the things you care about. Thank you for selecting us.

THIS IS  
NOT A  
BILL

Enclosed are your insurance documents consisting of:

- Commercial Package

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (208) 788-1100



### Reminders

- Verify that all information is correct
- If you have any changes, please contact your Agent at (208) 788-1100
- In case of a claim, call your Agent or 1-844-325-2467

## You Need To Know

CONTINUED ON NEXT PAGE

**report a claim, call your Agent or 1-844-325-2467**



## You Need To Know - continued

- **NOTICE(S) TO POLICYHOLDER(S)**

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

| <b>FORM NUMBER</b> | <b>TITLE</b>  |
|--------------------|---|
| CNI90 11 07 18     | Reporting A Commercial Claim 24 Hours A Day   |
| CNI90 28 02 23     | Important Notice - Concealment, Misrepresentation or Fraud  |
| CNL90 09 10 22     | Important Notice to Policyholder - Potential Changes to Your Policy Rating Basis                    |
| CNL90 15 12 23     | Important Notice To Policyholder Changes And/Or Clarifications In Coverage                          |
|                    | Multistate Endorsements Addressing Cyber, Data Privacy And Order Of Response                        |
| NP 72 42 02 20     | Terrorism Insurance Premium Disclosure And Opportunity To Reject                                    |
| NP 74 06 01 06     | Flood Insurance Notice  |
| NP 74 44 09 06     | U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders |
| NP 74 50 01 07     | Important Audit Information   |
| NP 89 69 09 21     | Important Policyholder Information Concerning Billing Practices                                     |
| SNI04 01 06 24     | Liberty Mutual Group Privacy Notice   |
| SNI11 01 06 16     | Idaho Notice To Policyholders   |

- This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.



Reminders

You Need To Know

CONTINUED ON NEXT PAGE

Check a claim with your agent or 1-800-225-2000

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## REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

### We're Just a Call Away - One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at 1 (844) 325-2467 for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

### Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms - part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at [www.libertymutualgroup.com/toolkit](http://www.libertymutualgroup.com/toolkit).

For all claims inquiries please call us at 1 (844) 325-2467 .



06 16



Coverage Is Provided In:  
The Ohio Casualty Insurance Company

Policy Number:  
**BKO (26) 58 24 06 63**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

### Common Policy Declarations

| Named Insured & Mailing Address  | Agent Mailing Address & Phone No.   |
|--|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC<br>PO Box 1832<br>Sun Valley, ID 83353 | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY<br>410 N Main St<br>Hailey, ID 83333-8416 |

Named Insured Is: CORPORATION  
Named Insured Business Is: HOMEOWNERS ASSOC

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.

### SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

| COVERAGE PART                | CHARGES    |
|------------------------------|------------|
| Commercial Property          | \$667.00   |
| Commercial General Liability | \$2,085.00 |

**Total Charges for all of the above coverage parts: \$2,752.00**  
**Certified Acts of Terrorism Coverage: \$12.00 (Included)**

Note: This is not a bill

### IMPORTANT MESSAGES

This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.  
Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Issue Date 11/03/24 Authorized Representative

report a claim, call your Agent or 1-800-366-6446

DS 70 21 11 16





Coverage Is Provided In:  
The Ohio Casualty Insurance Company

Policy Number:  
**BKO (26) 58 24 06 E**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

### Common Policy Declarations

| Named Insured  | Agent   |
|--|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC<br>PO Box 1832<br>Sun Valley, ID 83353 | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY<br>410 N Main St<br>Hailey, ID 83333-8416 |

### SUMMARY OF LOCATIONS

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

0001 ASPEN HOLLOW SUBDIV 1 2 3, KETCHUM, ID 83340

### POLICY FORMS AND ENDORSEMENTS

This section lists the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

| FORM NUMBER    | TITLE  |
|----------------|--|
| CG 00 01 04 13 | Commercial General Liability Coverage Form - Occurrence                              |
| CG 20 17 10 93 | Additional Insured -Townhouse Association  |
| CG 21 06 12 23 | Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information |
| CG 21 47 12 07 | Employment-Related Practices Exclusion   |
| CG 21 67 12 04 | Fungi or Bacteria Exclusion  |
| CG 21 70 01 15 | Cap on Losses from Certified Acts of Terrorism                                       |
| CG 21 76 01 15 | Exclusion of Punitive Damages Related to a Certified Act of Terrorism                |
| CG 21 86 12 04 | Exclusion - Exterior Insulation and Finish Systems                                   |

witness whereof, we have caused this policy to be signed by our authorized officers.

Damon Hart  
Secretary

Hamid Mirza  
President

report a claim, call your Agent or 1-844-325-2467  
70 21 11 16



To 01/01/2025  
Time  
4A 06 63



Coverage Is Provided In:  
The Ohio Casualty Insurance Company

Policy Number:  
**BKO (26) 58 24 06 63**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

### Common Policy Declarations

| Named Insured  | Agent   |
|--|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC<br>PO Box 1832<br>Sun Valley, ID 83353 | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY<br>410 N Main St<br>Hailey, ID 83333-8416 |

### POLICY FORMS AND ENDORSEMENTS - CONTINUED

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

| FORM NUMBER    | TITLE  |
|----------------|--|
| CG 21 88 01 15 | Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act) |
| CG 22 50 04 13 | Exclusion - Failure To Supply  |
| CG 24 26 04 13 | Amendment of Insured Contract Definition   |
| CG 40 35 12 23 | Exclusion - Cyber Incident   |
| CG 84 99 08 09 | Non-Cumulation Liability Limits Same Occurrence  |
| CG 88 10 04 13 | Commercial General Liability Extension   |
| CG 88 60 12 08 | Each Location General Aggregate Limit  |
| CG 88 77 12 08 | Medical Expense At Your Request Endorsement  |
| CG 88 86 12 08 | Exclusion - Asbestos Liability   |
| CG 88 87 12 08 | Exclusion - Lead Liability   |
| CG 91 85 11 14 | Employment Practices Liability Insurance   |
| CG 93 74 03 22 | Exclusion - PFC/PFAS   |
| CG 93 81 11 22 | Exclusion - Biometric Information Privacy Claim  |
| CG 94 33 05 24 | Amendment Of Representations Condition   |
| CP 00 10 10 12 | Building and Personal Property Coverage Form   |
| CP 00 90 07 88 | Commercial Property Conditions   |
| CP 01 40 07 06 | Exclusion of Loss Due to Virus or Bacteria   |
| CP 10 30 10 12 | Causes of Loss - Special Form  |
| CP 88 00 02 15 | Property Extension Endorsement   |
| CP 88 04 03 10 | Removal Permit   |
| CP 90 59 12 12 | Identity Theft Administrative Services and Expense Coverage  |
| CP 92 01 05 17 | Property Anti-Stacking Endorsement   |
| CP 92 12 12 20 | Cyber Incident Exclusion   |
| CP 92 21 09 23 | Amendment Of Concealment, Misrepresentation Or Fraud Condition   |

report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16





**Coverage Is Provided In:**  
The Ohio Casualty Insurance Company

Policy Number:  
**BKO(26) 58 24 06 63**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
**12:01 am Standard Time**  
**at Insured Mailing Location**

**Common Policy Declarations**

| Named Insured  | Agent   |
|--|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC<br>PO Box 1832<br>Sun Valley, ID 83353 | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY<br>410 N Main St<br>Hailey, ID 83333-8416 |

**POLICY FORMS AND ENDORSEMENTS - CONTINUED**

This section lists all of the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

| FORM NUMBER    | TITLE  |
|----------------|--|
| IL 00 17 11 98 | Common Policy Conditions   |
| IL 00 21 09 08 | Nuclear Energy Liability Exclusion Endorsement (Broad Form)  |
| IL 00 57 01 07 | Idaho - Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act); Coverage for Certain Fire Losses |
| IL 02 04 09 08 | Idaho Changes - Cancellation and Nonrenewal  |
| IL 09 35 07 02 | Exclusion of Certain Computer-Related Losses   |
| IL 09 52 01 15 | Cap On Losses From Certified Acts Of Terrorism   |
| IL 88 58 04 21 | Actual Cash Value - Idaho  |

report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



06 63  
01/2025



**Coverage Is Provided In:**  
The Ohio Casualty Insurance Company

Policy Number:  
**BK0 (26) 58 24 06 63**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

### Commercial Property Declarations

**Named Insured**

**Agent**

ASPEN HOLLOW HOMEOWNERS ASSOC INC

(208) 788-1100  
WOOD RIVER INSURANCE AGENCY

### SUMMARY OF CHARGES

| Explanation of Charges | DESCRIPTION                          | PREMIUM                         |
|------------------------|--------------------------------------|---------------------------------|
|                        | Property Schedule Totals             | \$663.00                        |
|                        | Certified Acts of Terrorism Coverage | \$4.00                          |
|                        | <b>Total Advance Charges:</b>        | <b>\$667.00</b>                 |
|                        |                                      | <i>Note: This is not a bill</i> |

report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08





Coverage Is Provided In:  
The Ohio Casualty Insurance Company

Policy Number:  
**BK0 (26) 58 24 06 63**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

### Commercial Property Declarations Schedule

**Named Insured**

**Agent**

ASPEN HOLLOW HOMEOWNERS ASSOC INC

(208) 788-1100  
WOOD RIVER INSURANCE AGENCY

### SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

**0001 ASPEN HOLLOW SUBDIV 1 2 3, KETCHUM, ID 83340**

**Property Description:**  
**Characteristics**

**Property in the Open Coverage**

**Occupancy:** Property In The Open - Metal Or Other Non-Combustible  
Materials With Combustible Wrapping Or Pallets

**Description**

|   |          |
|---|----------|
| Limit of Insurance - Replacement Cost                           | \$65,508 |
| Coinsurance   | 90%      |
| Covered Causes of Loss  |          |
| Special Form - Including Theft                                  |          |
| Deductible - All Covered Causes of Loss Unless Otherwise Stated | \$250    |

**Premium \$651.00**

report a claim, call your Agent or 1-844-325-2467



24 06 63  
01/01/2025



**Coverage Is Provided In:**  
The Ohio Casualty Insurance Company

Policy Number:  
**BKO (26) 58 24 06 63**  
Policy Period:  
**From 01/01/2025 To 01/01/2026**  
12:01 am Standard Time  
at Insured Mailing Location

### Commercial Property Declarations Schedule

| Named Insured                     | Agent   |
|-----------------------------------|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY |

### SUMMARY OF PROPERTY COVERAGES - BY LOCATION

*Continuation of ASPEN HOLLOW SUBDIV 1 2 3, KETCHUM, ID 83340*

| Your Business<br>Personal Property<br>Coverage | Occupancy: Townhouses or Similar Associations (Association Risk Only)<br>- Over 30 Units | Description   |               |
|--|--|---|---------------|
|  |  | Limit of Insurance - Replacement Cost                           | \$1           |
|  |  | Coinsurance   | 90%           |
|  |  | Covered Causes of Loss  |               |
|  |  | Special Form - Including Theft                                  |               |
|  |  | Deductible - All Covered Causes of Loss Unless Otherwise Stated | \$250         |
|  |  | <b>Premium</b>  | <b>\$ .00</b> |

### SUMMARY OF OTHER PROPERTY COVERAGES

| Identity Theft<br>Administrative<br>Services<br>And Expense Coverage | Description                    |                        |
|--|--------------------------------|------------------------|
|  | Limit of Insurance             | See Endorsement CP9059 |
|  | <b>Premium</b>                 | <b>\$12.00</b>         |
| Property<br>Extension<br>Endorsement                                 | Description                    |                        |
|  | Property Extension Endorsement | \$ .00                 |
|  | <b>Premium</b>                 | <b>Included</b>        |
| <b>Commercial Property Schedule Total:</b>                           |                                | <b>\$663.00</b>        |

report a claim, call your Agent or 1-844-325-2467





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**From 01/01/2025 To 01/01/2026**  
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at Insured Mailing Location

**Commercial General Liability  
Declarations**  
Basis: Occurrence

**Named Insured** ASPEN HOLLOW HOMEOWNERS ASSOC INC  
**Agent** (208) 788-1100  
WOOD RIVER INSURANCE AGENCY

**SUMMARY OF LIMITS AND CHARGES**

| Commercial General Liability Limits of Insurance | DESCRIPTION  | LIMIT     |
|--|--|-----------|
|  | Each Occurrence Limit  | 1,000,000 |
|  | Damage To Premises Rented To You Limit (Any One Premises)            | 1,000,000 |
|  | Medical Expense Limit (Any One Person)                               | 15,000    |
|  | Personal and Advertising Injury Limit                                | 1,000,000 |
|  | General Aggregate Limit (Other than Products - Completed Operations) | 2,000,000 |
|  | Products - Completed Operations Aggregate Limit                      | 2,000,000 |

| Explanation of Charges | DESCRIPTION                          | PREMIUM  |
|------------------------|--------------------------------------|----------|
|                        | General Liability Schedule Totals    | 2,077.00 |
|                        | Certified Acts of Terrorism Coverage | 8.00     |

**Total Advance Charges: \$2,085.00**

*Note: This is not a bill*

report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08





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### Commercial General Liability Declarations Schedule

|                                   |   |
|-----------------------------------|---|
| <b>Named Insured</b>              | <b>Agent</b>                                  |
| ASPEN HOLLOW HOMEOWNERS ASSOC INC | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY |

### SUMMARY OF CLASSIFICATIONS - BY LOCATION

**0001** ASPEN HOLLOW SUBDIV 1 2 3, KETCHUM, ID 83340  
Insured: ASPEN HOLLOW HOMEOWNERS ASSOC INC

**CLASSIFICATION - 49451**  
Vacant Land - For Profit  
Products-Completed Operations Are Subject To The General  
Aggregate Limit.

| COVERAGE DESCRIPTION | PREMIUM BASED ON - | RATED / PER EACH | PREMIUM |
|----------------------|--------------------|------------------|---------|
| Premise/Operations   | 14 Number of Acres | 1.826            | \$26.00 |

**Total:** **Included**

**CLASSIFICATION - 48727**  
Streets, Roads, Highways Or Bridges - Existence And  
Maintenance Hazard Only  
Products-Completed Operations Are Subject To The General  
Aggregate Limit.

| COVERAGE DESCRIPTION | PREMIUM BASED ON - | RATED / PER EACH | PREMIUM  |
|----------------------|--------------------|------------------|----------|
| Premise/Operations   | 1 Number of Miles  | 113.810          | \$114.00 |

**Total:** **Included**

report a claim, call your Agent or 1-844-325-2467

DS 70 23 10 16



06 63  
01/01/2026



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**From 01/01/2025 To 01/01/2026**  
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at Insured Mailing Location

### Commercial General Liability Declarations Schedule

| Named Insured                     | Agent   |
|-----------------------------------|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY |

#### SUMMARY OF CLASSIFICATIONS - BY LOCATION - continued

**CLASSIFICATION - 68500**  
Townhouse Associations (association risk only)  
Products-Completed Operations Are Subject To The General  
Aggregate Limit.

| COVERAGE DESCRIPTION | PREMIUM BASED ON - | RATED / PER EACH | PREMIUM         |
|----------------------|--------------------|------------------|-----------------|
| Premise/Operations   | 39 Number of Units | 22.523           | \$878.00        |
| <i>Total:</i>        |                    |                  | <i>Included</i> |

**CLASSIFICATION - 99943**  
Water Companies  
Products-Completed Operations Are Subject To The General  
Aggregate Limit.

| COVERAGE DESCRIPTION | PREMIUM BASED ON - Executive Officers | RATED / PER 1,000 | PREMIUM         |
|----------------------|---------------------------------------|-------------------|-----------------|
| Premise/Operations   | 25,000 Dollars Of Payroll             | 42.362            | \$1,059.00      |
| <i>Total:</i>        |                                       |                   | <i>Included</i> |

**CLASSIFICATION - 99943**  
Water Companies  
Products-Completed Operations Are Subject To The General  
Aggregate Limit.

| COVERAGE DESCRIPTION | PREMIUM BASED ON - Employees Payroll | RATED / PER 1,000 | PREMIUM |
|----------------------|--------------------------------------|-------------------|---------|
| Premise/Operations   | Dollars Of Payroll - if any          | 42.362            |         |
| <i>Total:</i>        |                                      |                   |         |

report a claim, call your Agent or 1-844-325-2467

DS 70 23 10 16





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Policy Period:  
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**at Insured Mailing Location**

### Commercial General Liability Declarations Schedule

| Named Insured                     | Agent   |
|-----------------------------------|---|
| ASPEN HOLLOW HOMEOWNERS ASSOC INC | (208) 788-1100<br>WOOD RIVER INSURANCE AGENCY |

#### SUMMARY OF OTHER COVERAGE - continued

| COVERAGE DESCRIPTION                        | PREMIUM           |
|---|-------------------|
| Commercial General Liability Schedule Total | <b>\$2,077.00</b> |

report a claim, call your Agent or 1-844-325-2467