

REDGY CHRISTENSEN  
515 N RIVER ST STE E  
HAILEY

ID 83333



BNPN-000553



**CENTRAL PARK CONDOMINIUM  
PO BOX 2552  
KETCHUM ID 83340-2550**

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## 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<sup>®</sup> agent today to get started.

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# 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  
Chair of the Board of Governors of Truck Insurance Exchange

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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](http://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](mailto:rchristensen1@farmersagent.com)**

**208-726-6046**



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**FARMERS**  
INSURANCE

# STATEMENT

**TRUCK INSURANCE EXCHANGE**

◦ CENTRAL PARK CONDOMINIUM  
\*SEE J7104 AMEND TO NAMED INS  
PO BOX 2552  
  
KETCHUM ID 83340-2550

**APRIL 23, 2024**

Date

**75-47-34X**

Agent's Number

**60705-65-24**

Policy Number

Loan Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

**This Statement Reflects:**

Effective Date: 05/18/24

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$	Previous Balance Owing	
\$	Premium	
\$	Membership, Policy, Reinstatement, Reissue or Service Fees	
\$	Pro Rata Premium Due	
\$	<b>1,628.00</b> Premium For Renewing Entire Present Coverage From <u>05/18/24</u> To <u>05/18/25</u>	
\$		
\$		
\$		
\$		
\$	<b>1,628.00</b> Total Charges	
\$		
\$	Payments	
\$	Other Credits	
\$	Total Credits	
\$	<b>- NONE -</b> <b>BALANCE DUE UPON RECEIPT</b>	
\$	Optional Amount	
\$	Refund	

**IMPORTANT- D-O-N-O-T P-A-Y T-H-I-S N-O-T-I-C-E  
PREMIUM WILL BE BILLED. ACCT # F001439972-001-00001.**

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# 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
<b>Personal Identifiers</b>	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.
<b>Personal Characteristics</b>	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.
<b>Commercial Information</b>	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.
<b>Biometric Information</b>	Voice print, photo.
<b>Internet or Network Activity</b>	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.
<b>Geolocation</b>	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.
<b>Audio, Electronic, Visual, Thermal, Olfactory</b>	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.
<b>Professional Information and Employment Information</b>	Job titles, work history, school attended, employment status, veteran, or military status.
<b>Education Information</b>	Job titles, work history, school attended, marital status, e-mail, telephone recordings.
<b>Inferences</b>	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.
<b>Sensitive Personal Information</b>	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.

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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<sup>®</sup> 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/>.

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## Important Information About Your Renewal Policy

As you review the enclosed renewal policy, please note that endorsement *U5525 - Broad Abuse or Molestation Exclusion* has been added to your Commercial Umbrella policy.

This endorsement excludes coverage with respect to damages arising out of actual, alleged or threatened abuse or molestation of any person committed by anyone. Please see the endorsement for important details of this exclusion.

The attachment of this endorsement will result in a reduction in coverage under Coverage **A** Bodily Injury And Property Damage Liability and Coverage **B** Personal And Advertising Injury Liability in your policies *Commercial Umbrella Liability Coverage Form CU 00 01 04 13*.

This notice provides a summary of the changes to your policy; it is not part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy and its attached endorsements for complete information.

If you have any questions about this change, please contact your Farmers® agent.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**J7104**  
1st Edition

POLICY NUMBER: 60705-65-24

**AMENDMENT OF NAMED INSURED**

**SCHEDULE**

The following is/are the Named Insured(s) on this policy:

CENTRAL PARK CONDOMINIUM  
TOWNHOMES ASSOCIATION INC.

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This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



**Truck Insurance Exchange (A Reciprocal Insurer)**  
 Member Of The Farmers Insurance Group Of Companies®  
 Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## COMMERCIAL UMBRELLA POLICY DECLARATIONS

**1. Named Insured** CENTRAL PARK CONDOMINIUM  
 \*SEE J7104 AMEND TO NAMED INS

F001439972-001-00001

Account No.

**Mailing Address** PO BOX 2552  
 KETCHUM, ID 83340-2550

75-47-34X

Agent No.

60705-65-24

Policy Number

**Form of Business**  Individual  Joint Venture  Limited Liability Co.  
 Corporation  Partnership  Other Organization

**Business Description:**  
 Habitational

**2. Policy Period** From 05-18-2024 (not prior to time applied for)  
 To 05-18-2025 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

**3. Schedule Of Underlying Insurance** See Schedule Of Underlying Insurance(s) Below

**4. Limit Of Insurance**

\$3,000,000	Policy Aggregate Limit
\$3,000,000	Each Occurrence Limit
\$3,000,000	Personal And Advertising Injury Limit

**Self-Insured Retention** \$10,000

**5. Advance Premium** \$1,628 (See Additional Fee Information Below)

Adjustable At A Rate Of \_\_\_\_\_ Per \_\_\_\_\_ Of \_\_\_\_\_

### Annual Minimum Premium

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

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**Schedule Of Underlying Insurance (continued)**

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance
Directors & Officers Liability	Mid-Century Insurance Company	60583-68-70	As Covered	Each Claim \$1,000,000 Annual Aggregate \$1,000,000

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**Additional Fee Information**

The following additional fees apply on an account level basis. This means that if you have several policies on one account, these fees apply to the account, not each of the policies on it.

- An **Installment fee** will be assessed on every billing statement 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. Another way to have the entire installment fee waived is for an account to be scheduled for recurring Electronic Funds Transfer (EFT) payments. Below is a breakdown of installment fees for Non-EFT accounts:

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

- 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	Returned Payment Fee
All States Except Alaska, Florida, Georgia, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia and West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Georgia, Indiana And Nebraska	\$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, South Carolina, Virginia, and West Virginia	\$20.00
Florida, Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- If a policy is eligible and is reinstated, a **reinstatement fee** of \$25.00 will be assessed.  
 One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## EXCLUSION - PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

This endorsement modifies insurance provided under the following:

### COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

**A. The following exclusion is added to Paragraph 2. Exclusions of Section I Coverage A Bodily Injury And Property Damage Liability:**

**2. Exclusions**

This insurance does not apply to:

**Perfluoroalkyl And Polyfluoroalkyl Substances**

a. "Bodily injury" or "property damage" which would not have occurred, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

**B. The following exclusion is added to Paragraph 2. Exclusions of Section I Coverage B Personal And Advertising Injury Liability:**

**2. Exclusions**

This insurance does not apply to:

**Perfluoroalkyl And Polyfluoroalkyl Substances**

a. "Personal and advertising injury" which would not have taken place, in whole or in part, but for the actual, alleged, threatened or suspected inhalation, ingestion, absorption, consumption, discharge, dispersal, seepage, migration, release or escape of, contact

with, exposure to, existence of, or presence of, any "perfluoroalkyl or polyfluoroalkyl substances".

b. Any loss, cost or expense arising, in whole or in part, out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to or assessing the effects of, "perfluoroalkyl or polyfluoroalkyl substances", by any insured or by any other person or entity.

**C. The following definition is added to the Definitions Section:**

"Perfluoroalkyl or polyfluoroalkyl substances" means any:

1. Chemical or substance that contains one or more alkyl carbons on which hydrogen atoms have been partially or completely replaced by fluorine atoms, including but not limited to:

a. Polymer, oligomer, monomer or nonpolymer chemicals and their homologues, isomers, telomers, salts, derivatives, precursor chemicals, degradation products or by-products;

b. Perfluoroalkyl acids (PFAA), such as perfluorooctanoic acid (PFOA) and its salts, or perfluorooctane sulfonic acid (PFOS) and its salts;

c. Perfluoropolyethers (PFPE);

d. Fluorotelomer-based substances; or

e. Side-chain fluorinated polymers; or

2. Good or product, including containers, materials, parts or equipment furnished in connection with such goods or products, that consists of or contains any chemical or substance described in Paragraph C. 1.



**ADVISORY NOTICE TO POLICYHOLDERS**  
**EXCLUSION - PERFLUOROALKYL AND**  
**POLYFLUOROALKYL SUBSTANCES (PFAS)**

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement for use with the Commercial Liability Umbrella Coverage Part, which applies to your renewal policy being issued by us.

**CU 34 54 Exclusion Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)**

When this endorsement is attached to your policy, it generally excludes coverage for bodily injury, property damage and personal and advertising injury related exposures associated with perfluoroalkyl or polyfluoroalkyl substances (PFAS), including any loss, cost or expense arising out of abating, testing for, monitoring, cleaning up, or other related activities, of PFAS by any insured or by any other person or entity.

To the extent that current policy exclusions do not apply to liability arising out of PFAS, this endorsement represents a reduction of coverage.

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THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



**U5401**  
1st Edition

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

**SCHEDULE**

<b>SCHEDULE - PART I</b>	
<b>Terrorism Premium (Certified Acts)</b>	\$ 16.00
<b>Additional Information, if any, concerning the terrorism premium:</b>	
<b>SCHEDULE - PART II</b>	
<b>Federal share of terrorism losses</b>	<u>80</u> % Year: 20 <u>24</u>
(Refer to Paragraph B. in this endorsement)	
<b>Federal share of terrorism losses</b>	<u>80</u> % Year: 20 <u>25</u>
(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.

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.

**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.

**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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**U5525**  
1st Edition

## **BROAD ABUSE OR MOLESTATION EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

The following exclusion is added to Paragraph 2. **Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability** and **Section I - Coverage B - Personal And Advertising Injury Liability**:

This insurance does not apply to damages arising out of the actual, alleged or threatened abuse or molestation, including but not limited to, mental abuse, corporal punishment, sexual abuse or sexual molestation, of any person committed by anyone.

This includes, but is not limited to, the actual or alleged negligent hiring, employment, investigation, reporting to the proper authorities, or failure to so report, supervision, training or retention of any person or organization.

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This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



REDGY CHRISTENSEN  
515 N RIVER ST STE E  
HAILEY

ID 83333



BNPN-000554



**CENTRAL PARK CONDOMINIUM  
PO BOX 2552  
KETCHUM ID 83340-2550**

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## 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<sup>®</sup> agent today to get started.

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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](http://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](mailto:rchristensen1@farmersagent.com)**

**208-726-6046**





**FARMERS**  
INSURANCE

# STATEMENT

**MID-CENTURY INSURANCE COMPANY**

° CENTRAL PARK CONDOMINIUM  
\*SEE J7104 AMEND TO NAMED INS  
PO BOX 2552

KETCHUM ID 83340-2550

**APRIL 23, 2024**

Date

**75-47-34X**

Agent's Number

**60583-68-70**

Policy Number

Loan Number

**Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.**

**This Statement Reflects:**

Effective Date: 05/18/24

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$ Previous Balance Owing  
 \$ Premium  
 \$ Membership, Policy, Reinstatement, Reissue or Service Fees  
 \$ Pro Rata Premium Due  
 \$ **37,832.00** Premium For Renewing Entire Present Coverage From 05/18/24 To 05/18/25  
 \$  
 \$  
 \$  
 \$  
 \$  
 \$ **37,832.00** Total Charges  
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 \$ Other Credits \_\_\_\_\_  
 \$ Total Credits  
 \$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ Optional Amount  
 \$ Refund

**WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.**

**IMPORTANT- D-O-N-O-T P-A-Y-T-H-I-S N-O-T-I-C-E  
 PREMIUM WILL BE BILLED. ACCT # F001439972-001-00001.**

019/004.000554 0605836870-{4}BNPN240423 013949





## **Notice to Policyholders - Protective Safeguards Endorsement**

Thank you for making Farmers® 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:

1. Impaired or suspended; or
2. 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.

019/005 000554 0605836870 { 4 } BNP/N240423 013950





# 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
<b>Personal Identifiers</b>	Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.
<b>Personal Characteristics</b>	Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.
<b>Commercial Information</b>	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.
<b>Biometric Information</b>	Voice print, photo.
<b>Internet or Network Activity</b>	Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.
<b>Geolocation</b>	IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.
<b>Audio, Electronic, Visual, Thermal, Olfactory</b>	Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.
<b>Professional Information and Employment Information</b>	Job titles, work history, school attended, employment status, veteran, or military status.
<b>Education Information</b>	Job titles, work history, school attended, marital status, e-mail, telephone recordings.
<b>Inferences</b>	Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.
<b>Sensitive Personal Information</b>	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.

019/006 000554 0605836870 (4) BNPZ40423 013951



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<sup>®</sup> 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/>.





## Important Information About Your Renewal Policy

As you review the enclosed renewal policy, please note that endorsement J7541 - *Broad Abuse or Molestation Exclusion* has been added to your Businessowners policy.

This endorsement excludes coverage with respect to damages arising out of actual, alleged or threatened abuse or molestation of any person committed by anyone. Please see the endorsement for important details of this exclusion.

The attachment of this endorsement will result in a reduction in coverage under your policy's Business Liability coverage.

This notice provides a summary of the changes to your policy; it is not part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy and its attached endorsements for complete information.

If you have any questions about this change, please contact your Farmers® agent.

019/008.000554 0605836870-{4}BNPN240423 013953







**Mid-Century Insurance Company (A Stock Company)**  
 Member Of The Farmers Insurance Group Of Companies®  
 Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## COMMON POLICY DECLARATIONS

**Named Insured** CENTRAL PARK CONDOMINIUM  
 \*SEE J7104 AMEND TO NAMED INS

F001439972-001-00001

Account No. Prod. Count

75-47-34X 60583-68-70

Agent No. Policy Number

**Mailing Address** PO BOX 2552  
 KETCHUM, ID 83340-2550

**Form of Business**  Individual  Joint Venture  Limited Liability Co.  
 Corporation  Partnership  Other Organization

**Business Description:**  
 Condominium

**Policy Period** From 05-18-2024 (not prior to time applied for)  
 To 05-18-2025 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Coverage Parts	Premium After Discount And Modification
Condominiums Owners Policy	\$37,345.00
Directors And Officers Liability	\$487.00
Certified Acts Of Terrorism - See Disclosure Endorsement	Included
Total (See Additional Fee Information Below)	\$37,832.00

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**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.

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.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**FARMERS**  
INSURANCE

**J7104**  
1st Edition

POLICY NUMBER: 60583-68-70

**AMENDMENT OF NAMED INSURED**

**SCHEDULE**

The following is/are the Named Insured(s) on this policy:

CENTRAL PARK CONDOMINIUM  
TOWNHOMES ASSOCIATION, INC.

019/011 000554 0605836870 (4) B.N.P.N.240423 013956



This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



**J6300**  
3rd Edition

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

**SCHEDULE**

<b>SCHEDULE - PART I</b>	
Terrorism Premium (Certified Acts) \$	375.00
<b>Additional information, if any, concerning the terrorism premium:</b>	
<b>SCHEDULE - PART II</b>	
Federal share of terrorism losses	<u>80</u> % Year: <u>2024</u> (Refer to Paragraph B. in this endorsement)
Federal share of terrorism losses	<u>80</u> % Year: <u>2025</u> (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.





Mid-Century Insurance Company (A Stock Company)  
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** CENTRAL PARK CONDOMINIUM  
\*SEE J7104 AMEND TO NAMED INS

**Mailing Address** PO BOX 2552  
KETCHUM, ID 83340-2550

**Policy Number** 60583-68-70

**Auditable**

**Policy Period** From 05-18-2024  
To 05-18-2025 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

**Favorable Loss Experience Discount**

There may be other credits and discounts you may 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



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**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	
Back Up Of Sewers Or Drains	\$250,000	\$5,000
Crime Conviction Reward	\$5,000	None
Drone Aircraft - Direct Damage (per occurrence)	\$10,000	\$5,000
Drone Aircraft - Direct Damage (per item)	\$2,500	\$5,000
Employee Dishonesty	\$10,000	\$500
Fire Department Service Charge	\$25,000	None
Fire Extinguisher Systems Recharge Expense	\$5,000	None
Forgery And Alteration	\$2,500	\$5,000
Limited Biohazardous Substance Coverage - Per Occurrence	\$10,000	\$5,000
Limited Biohazardous Substance Coverage - Aggregate	\$20,000	\$5,000
Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate	\$15,000	\$5,000
Master Key	\$10,000	None
Master Key - Per Lock	\$100	None
Money And Securities - Inside Premises	\$10,000	\$500
Money And Securities - Outside Premises	\$10,000	\$500
Money Orders And Counterfeit Paper Currency	\$1,000	\$5,000
Newly Acquired Or Constructed Property	\$250,000	\$5,000
Outdoor Signs	\$50,000	\$500
Outdoor Signs - Per Sign	\$25,000	\$500
Personal Property At Newly Acquired Premises	\$100,000	\$5,000
Personal Property Off Premises	\$5,000	\$5,000
Premises Boundary	100 Feet	
Preservation Of Property	30 Days	
Unit Owners - Included With Building	Included	\$5,000
Valuable Paper And Records - Off-Premises	\$2,500	\$5,000

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Policy Number: 60583-68-70

Effective Date: 05-18-2024

**LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED**

Coverage	Amount /Date
General Aggregate (Other Than Products & Completed Operations)	\$2,000,000
Products And Completed Operations Aggregate	\$1,000,000
Personal And Advertising Injury	Included
Each Occurrence	\$1,000,000
Tenants Liability (Each Occurrence)	\$75,000
Medical Expense (Each Person)	\$5,000
Pollution Exclusion - Hostile Fire Exception	Included
Directors & Officers Liability - Per Claim	\$1,000,000
Directors & Officers Liability - Aggregate	\$1,000,000
Directors & Officers Liability - Self Insured Retention	\$1,000
Directors & Officers Liability Retroactive Date	05/18/2014
Hired Auto Liability	\$1,000,000
Non-Owned Auto Liability	\$1,000,000

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Policy Number: 60583-68-70

Effective Date: 05-18-2024

**Policy Forms And Endorsements Attached At Inception**

Number	Title
J7230-ED1	Supplementary Payments
J7231-ED1	Addl Insd-Mgrs Or Lessors Of Premises
J7493-ED1	Windstorm & Hail Loss Cond Endorsement
J7507-ED1	Cyber Incident Exclusion
J7541-ED1	Broad Abuse Or Molestation Exclusion
S7500-ED3	Idaho Changes
S7502-ED2	Conditional Exclusion Of Terrorism

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**J7541**  
1st Edition

## BROAD ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS LIABILITY COVERAGE FORM  
BUSINESSOWNERS COVERAGE FORM  
BUSINESSOWNERS LIABILITY COVERAGE FORM  
CONDOMINIUM LIABILITY COVERAGE FORM

- A.** The following exclusion is added to Paragraph **1. Applicable To Business Liability Coverage** in Section **B. Exclusions** of the Apartment Owners Liability Coverage Form, the Businessowners Liability Coverage Form and the Condominium Liability Coverage Form:

**Abuse or Molestation**

This insurance does not apply to damages arising out of the actual, alleged or threatened abuse or molestation, including, but not limited to, mental abuse, corporal punishment, sexual abuse or sexual molestation, of any person committed by anyone.

This includes, but is not limited to, the actual or alleged negligent hiring, employment, investigation, reporting to the proper authorities, or failure to so report, supervision, training, or retention of any person or organization.

- B.** The following exclusion is added to Paragraph **1. Applicable To Business Liability Coverage** in Sub-section **B. Exclusions** of **Section II - Liability** of the Businessowners Coverage Form:

**Abuse or Molestation**

This insurance does not apply to damages arising out of the actual, alleged or threatened abuse or molestation, including, but not limited to, mental abuse, corporal punishment, sexual abuse or sexual molestation, of any person committed by anyone.

This includes, but is not limited to, the actual or alleged negligent hiring, employment, investigation, reporting to the proper authorities, or failure to so report, supervision, training, or retention of any person or organization.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.





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<sup>®</sup> 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.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**J7122**  
2nd Edition

## **LOSS PAYMENT CONDITION - PROFIT, OVERHEAD, AND INCREASED FEES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM  
BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM  
APARTMENT OWNERS PROPERTY COVERAGE FORM  
CONDOMINIUM PROPERTY COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the applicable Coverage Form apply unless modified by this endorsement.

Paragraph **6.d.** of Sub-section **E. Property Loss Conditions** of **Section I - PROPERTY** of the Businessowners Coverage Form, Paragraph **6.d.** of Section **E. Property Loss Conditions** of the Businessowners Special Property Coverage Form and the Apartment Owners Property Coverage Form, and Paragraph **5.d.** of Section **E. Property Loss Conditions** of the Condominium Property Coverage Form is amended as follows:

Sub-paragraph **(1)** is amended to add the following:

- (f)** We will not pay for the increased fee, charge or cost attributable to a general contractors profit and overhead or other similar fees or charges, unless you have incurred them and they are reasonable.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.





Farmers Insurance Company of Idaho  
 PO Box 2057 Kalispell MT 59903 USA

Farmers Insurance Company of Idaho  
<https://www.farmers.com/>  
 (888) 391-2810  
 NAIC#: 21660

PROPERTY ADDRESS #: 135 BIRD DR, Ketchum, ID, 83340      POLICY FORM: RCBAP  
 POLICY #: 8718738694      POLICY DECLARATIONS TYPE: Renewal Policy Declarations  
 NFIP POLICY #: 8718738694  
 POLICY TERM: 05-10-2024 (12:01 AM) - 05-10-2025 (12:01 AM)      RATE CATEGORY : RatingEngine  
 POLICY ISSUED BY: Farmers Insurance Company of Idaho  
 PAYOR: CENTRAL PARK CONDOMINIUM (BUILDING 1)

**INSURED NAME & MAILING ADDRESS**

CENTRAL PARK CONDOMINIUM (BUILDING 1)  
 PO BOX 2552,  
 Ketchum, ID, 83340

**AGENT CONTACT INFORMATION**

REDGY J CHRISTENSEN INSURANCE AGENCY INC  
 REDGY J CHRISTENSEN INSURANCE AGENCY INC  
 515 N RIVER ST STE E, Hailey, ID, 83333  
 Phone : 2087266046

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

### Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE
Building	\$ 250,000	\$ 2,000
Contents	\$ 100,000	\$ 2,000

**\$ 5,521**

Total Annual Payment

Includes Premium, Discounts, Fees, and Surcharges

Effective 4-1-2022, the NFIP implemented a new pricing methodology, Risk Rating 2.0 Phase II Renewals. Some property information on your policy may have been updated. Please contact your flood insurance agent to ensure you have the most accurate and up to date property information.

Coverage limitations may apply. See your Policy Form for details.

### Property Information

Primary Residence	NO
Building Occupancy	Residential Condo Building
Building Description	Entire Residential Condominium Building
First Floor Height (FFH)	0
Method Used to Determine FFH	EC
Property Description	Crawlspace (includes subgrade), 3 Floors , Masonry
Number of Units	8
Date of Construction	01-01-1998
Prior NFIP Claims	0 Claim(s)
Replacement Cost Value	\$ 3,225,627.00

Your property's NFIP flood claims history can affect your premium.

### Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 3,262
Contents Premium:	\$ 1,015
Increased Cost of Compliance (ICC) Premium:	\$ 75
Mitigation Discounts:	\$ (204.00)
Community Rating System Discount:	\$ 0
<b>Full-Risk Premium:</b>	<b>\$ 4,148</b>
<b>Discounted Premium:</b>	<b>\$ 4,148</b>
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 747
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 376
<b>Total Premium</b>	<b>\$ 5,521</b>

### ADDITIONAL INTERESTS

Date Mailed: 05-22-2024

If there have been any mortgage changes, please make sure your profile reflects the changes.  
 For questions about your flood insurance rating, contact your agent or insurance company.  
 To learn more about your flood risk, please visit [FloodSmart.gov](http://FloodSmart.gov)





Farmers Insurance Company of Idaho  
 PO Box 2057 Kalispell MT 59903 USA

Farmers Insurance Company of Idaho  
<https://www.farmers.com/>  
 (888) 391-2810  
 NAIC#: 21660

PROPERTY ADDRESS #: 139 BIRD DR, Ketchum, ID, 83340      POLICY FORM: RCBAP  
 POLICY #: 8718738695      POLICY DECLARATIONS TYPE: Renewal Policy Declarations  
 NFIP POLICY #: 8718738695  
 POLICY TERM: 05-10-2024 (12:01 AM) - 05-10-2025 (12:01 AM)      RATE CATEGORY : RatingEngine  
 POLICY ISSUED BY: Farmers Insurance Company of Idaho  
 PAYOR: CENTRAL PARK CONDOMINIUM (BUILDING 2)

**INSURED NAME & MAILING ADDRESS**

CENTRAL PARK CONDOMINIUM (BUILDING 2)  
 PO BOX 2552,  
 Ketchum, ID, 83340

**AGENT CONTACT INFORMATION**

REDGY J CHRISTENSEN INSURANCE AGENCY INC  
 REDGY J CHRISTENSEN INSURANCE AGENCY INC  
 515 N RIVER ST STE E, Hailey, ID, 83333  
 Phone : 2087266046

## FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

### Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE
Building	\$ 250,000	\$ 2,000
Contents	\$ 100,000	\$ 2,000

**\$ 5,769**

Total Annual Payment

Includes Premium, Discounts, Fees, and Surcharges

Effective 4-1-2022, the NFIP implemented a new pricing methodology. Risk Rating 2.0 Phase II Renewals. Some property information on your policy may have been updated. Please contact your flood insurance agent to ensure you have the most accurate and up to date property information.

Coverage limitations may apply. See your Policy Form for details.

### Property Information

Primary Residence	NO
Building Occupancy	Residential Condo Building
Building Description	Entire Residential Condominium Building
First Floor Height (FFH)	0
Method Used to Determine FFH	EC
Property Description	Crawlspace (includes subgrade), 3 Floors , Masonry
Number of Units	10
Date of Construction	01-01-1997
Prior NFIP Claims	0 Claim(s)
Replacement Cost Value	\$ 4,195,744.00

Your property's NFIP flood claims history can affect your premium.

### Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 3,233
Contents Premium:	\$ 971
Increased Cost of Compliance (ICC) Premium:	\$ 75
Community Rating System Discount:	\$ 0
<b>Full-Risk Premium:</b>	\$ 4,279
<b>Discounted Premium:</b>	\$ 4,279
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 770
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 470
<b>Total Premium</b>	<b>\$ 5,769</b>

### ADDITIONAL INTERESTS

Date Mailed: 05-22-2024

If there have been any mortgage changes, please make sure your profile reflects the changes.  
 For questions about your flood insurance rating, contact your agent or insurance company.  
 To learn more about your flood risk, please visit FloodSmart.gov

