

Declarations Businessowners Policy



Please read your policy

American Family Insurance Company
6000 American Parkway
Madison WI 53783
For customer service and claims service
24 hours a day, 7 days a week
1-800-MY AMFAM (1-800-692-6326)
amfam.com

Named Insured And Mailing Address

Saddle Road Residences Homeowners' Association, Inc.
12 E Bullion St Ste B
Hailey ID 83333-8872

Policy Information

Policy number	Policy period	Billing account number
91003-76471-64	5/4/2024 until cancelled 12:01 A.M. Standard Time at your mailing address shown above.	662-792-066-82

Business and Operations Information

Year Started: 2020
Description of Business and Operations: Condo association
Form of Business: Corporation

Insurance applies only for coverages for which a limit of insurance or the word "Included" is shown unless coverage is provided by an endorsement. Blanket Insurance applies only for coverages for which a Blanket Limit of Insurance is shown.

As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

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

Policy Number: 91003-76471-64

Premium Information	
Total Advance Premium Per Term (Excluding Surcharges and Terrorism):	\$10,827.54
Certified Acts of Terrorism Premium (may include state mandated fire loss coverage premium):	\$0.00
Total Advance Premium Per Term:	\$10,827.54
Premium with Customer Full Pay Discount (not available on policies billed to a Third Party):	\$10,289.93

This premium may be subject to adjustment. You may be charged a fee when: (a) you pay less than the full amount due; (b) your payment is late; and/or (c) when your bank does not honor your check or electronic payment. Refer to your Billing Notice for fee amounts.

Policy Level Coverages	
Property Causes Of Loss	
Causes Of Loss	Risks of Direct Physical Loss
General Liability	
Liability And Medical Expense Limit	\$2,000,000 Per Occurrence
Medical Expense Limit	\$10,000
Other Than Products/Completed Operations Aggregate.....	\$4,000,000
Products/Completed Operations Aggregate	\$4,000,000
Condominium Enhancement	Refer to BPF 87 90
Level	Platinum
Cyber Data Breach Coverage	Refer to BPF 84 75
Without Business Interruption	

Additional Insured(s) Information			
Name	Type	Interest	Location
128 Saddle Road LLC	Additional Insured - Building Owner		118 VALLEYWOOD DR KETCHUM ID 83340

Third Party Interest Information				
Name		Mailing Address		
DL EVANS BANK		PO BOX 87 TWIN FALLS ID 83303-0087		
Associated Buildings and Structures				
Loan/Lease Number	Interest Type	Location Number	Building Number	Description Of Property
2505011951	First Mortgagee	3	2	Residential Condominiums without Mercantile - condo 3
	First Mortgagee	3	-	Unscheduled Structure(s)

Policy Number: 91003-76471-64

Agent Information

Ellis Agency & Associates Inc

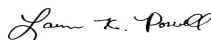
dellis@amfam.com

36 N ECHOHAWK LN STE 105
EAGLE ID 83616
1-208-424-0864

**AUTHORIZED
REPRESENTATIVE**



President



Secretary

COUNTERSIGNED



Licensed Resident Agent

Policy Number: 91003-76471-64

Location 1 - Location Details

Program: Condo/Townhouse Associations

Location Address: 120 VALLEYWOOD DR KETCHUM ID 83340

Location Description:

Policy Number: 91003-76471-64

Location 1 Building 1 - Building Level Coverages	
Location 1 Building 1 - Building Level Details	
Building Address: 120 VALLEYWOOD DR KETCHUM ID 83340	
Occupancy: Residential Condominiums without Mercantile	
Building Interest: Owner - Leased to Other	
Building Description: condo 1	
Per Building Property Deductible (Apply Per Building, Per Occurrence)	
Deductible	\$10,000
Building	
Limit Of Insurance	\$3,120,000
Guaranteed Replacement Cost applies.	
Equipment Breakdown Coverage applies.	
Replacement Cost Coverage applies.	
Business Personal Property	
Limit Of Insurance	\$52,000
Automatic Increase in Coverage	4%
Business Income Options	
Extended Number of Days For Ordinary Payroll Expense	60 Days - Included
Extended Number of Days For Extended Business Income	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days	12-Months
72 Hour Waiting Period applies.	
Water Back-Up And Sump Overflow (Building)	
Building Limit	\$100,000
Deductible	\$5,000

Policy Number: 91003-76471-64

Location 2 - Location Details

Program: Condo/Townhouse Associations

Location Address: 124 VALLEYWOOD DR KETCHUM ID 83340

Location Description:

Policy Number: 91003-76471-64

Location 2 Building 1 - Building Level Coverages	
Location 2 Building 1 - Building Level Details	
Building Address: 124 VALLEYWOOD DR KETCHUM ID 83340	
Occupancy: Residential Condominiums without Mercantile	
Building Interest: Owner - Leased to Other	
Building Description: condo 2	
Per Building Property Deductible (Apply Per Building, Per Occurrence)	
Deductible	\$10,000
Building	
Limit Of Insurance	\$3,060,000
Guaranteed Replacement Cost applies.	
Equipment Breakdown Coverage applies.	
Replacement Cost Coverage applies.	
Business Personal Property	
Limit Of Insurance	\$52,000
Automatic Increase in Coverage	4%
Business Income Options	
Extended Number of Days For Ordinary Payroll Expense	60 Days - Included
Extended Number of Days For Extended Business Income	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days	12-Months
72 Hour Waiting Period applies.	
Water Back-Up And Sump Overflow (Building)	
Building Limit	\$100,000
Deductible	\$5,000

Policy Number: 91003-76471-64

Location 3 - Location Details

Program: Condo/Townhouse Associations

Location Address: 118 VALLEYWOOD DR KETCHUM ID 83340

Location Description:

Policy Number: 91003-76471-64

Location 3 Building 2 - Building Level Coverages	
Location 3 Building 2 - Building Level Details	
Building Address: 118 VALLEYWOOD DR KETCHUM ID 83340	
Occupancy: Residential Condominiums without Mercantile	
Building Interest: Owner - Leased to Other	
Building Description: condo 3	
Per Building Property Deductible (Apply Per Building, Per Occurrence)	
Deductible	\$10,000
Building	
Limit Of Insurance	\$3,300,000
Guaranteed Replacement Cost applies.	
Equipment Breakdown Coverage applies.	
Replacement Cost Coverage applies.	
Business Personal Property	
Limit Of Insurance	\$50,000
Automatic Increase in Coverage	4%
Business Income Options	
Extended Number of Days For Ordinary Payroll Expense	60 Days - Included
Extended Number of Days For Extended Business Income	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days	12-Months
72 Hour Waiting Period applies.	
Water Back-Up And Sump Overflow (Building)	
Building Limit	\$100,000
Deductible	\$5,000

Policy Number: 91003-76471-64

Location 4 - Location Details

Program: Condo/Townhouse Associations

Location Address: 116 VALLEYWOOD DR KETCHUM ID 83340

Location Description:

Policy Number: 91003-76471-64

Location 4 Building 1 - Building Level Coverages	
Location 4 Building 1 - Building Level Details	
Building Address: 118 VALLEYWOOD DR KETCHUM ID 83340	
Occupancy: Residential Condominiums without Mercantile	
Building Interest: Owner - Leased to Other	
Building Description: condo 4	
Per Building Property Deductible (Apply Per Building, Per Occurrence)	
Deductible	\$10,000
Building	
Limit Of Insurance	\$3,300,000
Guaranteed Replacement Cost applies.	
Equipment Breakdown Coverage applies.	
Replacement Cost Coverage applies.	
Business Personal Property	
Limit Of Insurance	\$50,000
Automatic Increase in Coverage	4%
Business Income Options	
Extended Number of Days For Ordinary Payroll Expense	60 Days - Included
Extended Number of Days For Extended Business Income	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days	12-Months
72 Hour Waiting Period applies.	
Water Back-Up And Sump Overflow (Building)	
Building Limit	\$100,000
Deductible	\$5,000

Policy Number: 91003-76471-64

Forms And Endorsements		
Form Number	Edition Date	Title
BP 00 03	07 13	Businessowners Coverage Form
BP 04 17	01 10	Employment-Related Practices Exclusion
BP 04 39	07 02	Abuse Or Molestation Exclusion
BP 04 93	01 06	Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception
BP 05 01	07 02	Calculation of Premium
BP 05 15	12 20	Disclosure Pursuant To Terrorism Risk Insurance Act
BP 05 17	01 06	Exclusion - Silica Or Silica-Related Dust
BP 05 23	01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 38	01 15	Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism
BP 05 77	01 06	Fungi Or Bacteria Exclusion (Liability)
BP 05 98	07 13	Amendment Of Insured Contract Definition
BP 12 31	01 10	Additional Insured - Building Owner
BP 14 78	07 13	Exclusion Of Loss Due To By-Products Of Production Or Processing Operations (Rental Properties)
BP 15 04	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
BP 85 04	07 10	Exclusion - Lead Liability
BP 85 05	07 98	Exclusion - Punitive Damages
BP 85 10	07 98	Other Insurance Limitation Liability And Medical Expenses
BP 85 12	01 06	Asbestos Exclusion
BP IN 01	07 13	Businessowners Coverage Form Index
BPF 80 01	08 18	Businessowners Policy Jacket
BPF 80 03	08 18	Businessowners Coverage Form Changes
BPF 81 06	08 18	Idaho Changes
BPF 84 10	08 18	Business Personal Property Automatic Increase In Coverage
BPF 84 11	08 18	Building Limit Inflation Protection Coverage
BPF 84 21	08 21	Water Back-Up and Sump Overflow
BPF 84 73	08 18	Guaranteed Replacement Cost Coverage
BPF 85 25	08 18	Marijuana Exclusion
BPF 85 26	05 22	Exclusion - Biometric Data, Identifiers or Information
BPF 86 03	08 18	Roof Surfacing Loss Payment Schedule
BPF 87 01	08 18	Condominium Association Coverage
BPF 87 90	08 21	Condominium Enhancement Endorsement
CFR 80 00	10 16	Policy Change Document

Policy Number: 91003-76471-64

The complete policy consists of these declarations and the forms and endorsements at the time of issue.

Each paid claim under **Section II - Liability** and **Medical Expenses** coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.