

PRODUCER#: 06 75 65 34A
KEVIN OROZCO
114 E 5TH ST
MOSCOW ID 83843



LANE SMOKY CONDOMINIUM ASSOCI
119 WILLIAMS ST
KETCHUM ID 83340

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NEW-BUSINESS

ATTACH SRN 721200
CM126PM1
06

ADDIDIRFLT



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ADDIDIRFLT



Memorandum of Commercial Insurance

Insured: LANE SMOKY CONDOMINIUM ASSOCI
SMOKY LANE CONDOMINIUM ASSOC.

Effective Date: 06/14/26

Company: FIRE INSURANCE EXCHANGE

Policy Number: A0611-56-18

Agent Number: 75-65-34A

Rates quoted reflect the rates in effect as of the date of this application and are subject to revision. The company reserves the right to accept, reject or modify this application after investigation, review of the application and review of all other underwriting information. The undersigned represents and warrants that he/she has applied for the insurance coverage(s) as set forth above, pursuant to an application entered into the insurer's computer records, and hereby confirms that he/she supplied information so entered and warrants and represents that all such information is true and correct.

We may use your credit history to run an "insurance score" for the purpose of underwriting or rating your policy. An insurance score is a number or rating derived from an algorithm, computer application, model or other process that is based wholly or in part on credit information. We use an insurance score to predict an individual applicant's or customer's future insurance loss exposure.

Applicable only to states with the privacy act: I have received a copy of the investigation practices and protection of your privacy form, which advises me of my rights concerning the investigative practices of the member companies and exchanges of the Farmers Insurance Group of Companies®.

The property limits are only estimated values based upon the information provided to us by you and third parties. You are responsible for determining the appropriate Building and/or Business Personal Property coverage limits. Please also note that this estimate does not replace or supersede any term or condition of your policy and does not replace any required current professional appraisals or use of other estimating methods.

FRAUD WARNING STATEMENTS

All States (other than AL, AR, AZ, CO, DC, FL, LA, MD, ME, NJ, NM, OH, OR, PA, RI, TN, VA, WA and WV) - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

AL, AR, AZ, DC, LA, MD, NM, RI and WV - Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefits or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

California - For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Florida and Oklahoma - WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

ME, TN, VA, WA - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

New Jersey - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oregon- All statements and descriptions in any application for an insurance policy by or on behalf of the insured, shall be deemed to be representations and not warranties. Misstatements, misrepresentations, omissions, concealments of facts and incorrect statements shall not prevent a recovery under the policy unless the misstatements, misrepresentations, omissions, concealments of facts and incorrect statements: Are shown by the insurer to be material and that the insurer also shows reliance thereon; and Are either fraudulent or material either to the acceptance of the risk or to the hazard assumed by the insurer. This entire policy may be cancelled, or any claims denied if, whether before or after a loss, you willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or your interest therein, or in case of any fraud or false swearing by you relating thereto. Misstatements, misrepresentations, omissions or concealments of facts by you are not fraudulent unless they are made with intent to knowingly defraud.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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, accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived in all states except Connecticut and Georgia.

State	Installment
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, South Carolina, Virginia, 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
Farmers Real Time Billing SM (all states)	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.

On behalf of the named insured herein I have read the above Memorandum of Insurance. I agree that the Memorandum of Insurance accurately summarizes the insurance for which the named insured has applied and on behalf of the named insured I agree to the terms and conditions of the insurance as described in the Memorandum of Insurance.

NEW YORK FRAUD WARNING STATEMENT - Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Subscribed to this ___ day of ___, 2___, X_____

Signature (If applicant is a minor, parent or guardian must also sign)



This policy is issued by: Fire Insurance Exchange (An inter-insurance exchange sometimes referred to in the policy as the "Company":)

Insured LANE SMOKY CONDOMINIUM ASSOCI
SMOKY LANE CONDOMINIUM ASSOC.
119 WILLIAMS ST

A0611-56-18
Policy Number

KETCHUM ID 83340

Fire Insurance Exchange ("Exchange") is an inter-insurance exchange or reciprocal insurer. The Exchange is owned by its members (also called subscribers), and the members appoint a third party, called the attorney-in-fact, to conduct certain administrative services for and on behalf of the Exchange.

Please sign the Subscription Agreement printed below to become a member of the Exchange, which is necessary to maintain coverage. Under the Subscription Agreement, you will be appointing Fire Underwriters Association ("Association") to serve and act as the attorney-in-fact. The Association has acted in this capacity since 1942. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

If our records do not show that you have provided us with a signed copy of the Subscription Agreement, we reserve the right to terminate your coverage.

Subscription Agreement

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

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

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

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

I have read the Subscription Agreement. I agree to be bound to all of the terms and conditions of the Subscription Agreement.

Subscribed to this _____ day of _____, 2____, _____ a.m./ p.m. X _____
Signature (If applicant is a minor, parent or guardian must also sign)



FARMERS
INSURANCE

STATEMENT

FIRE INSURANCE EXCHANGE

° LANE SMOKY CONDOMINIUM ASSOCI
SMOKY LANE CONDOMINIUM ASSOC.
119 WILLIAMS ST

KETCHUM ID 83340

JUNE 02, 2026

Date

75-65-34A

Agent's Number

A0611-56-18

Policy Number

Loan Number

This Statement Reflects:

Effective Date: 06/14/26

☒ New Business ☐ Reinstatement ☐ Change Of Coverage ☐ Added Coverage

\$ Previous Balance Owing

\$ 281.00 Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ Pro Rata Premium Due

\$ Premium For Renewing Entire Present Coverage From _____ To _____

\$

\$

\$

\$

\$ 281.00 Total Charges

\$

\$ Payments

\$ Other Credits _____

\$ Total Credits

\$ - NONE - **BALANCE DUE**

\$ Optional Amount

\$ Refund

**DO NOT PAY THE AMOUNT DUE
ALL PREMIUM CHARGES OR REDUCTIONS IN PREMIUM WILL BE DIVIDED INTO EQUAL
PORTIONS FROM EFFECTIVE MONTH TO THE RENEWAL MONTH AND WILL BE
INCLUDED ON YOUR BILLING STATEMENT.**

State Required Notification:



6301 Owensmouth Ave.
Woodland Hills, CA 91367

Dear Business Owner,

Thank you for making Farmers® your insurer of choice. Farmers has provided insurance services to small businesses at the heart of the U.S. economy for over 90 years. Our proven financial stability and record of superior service to our customers are reasons that others in your situation have chosen Farmers, making us one of the largest groups of insurers of businesses in the United States.

We have designed the enclosed policy for your type of business. Please review it carefully to ensure it accurately reflects your business information and your choice of coverages. Your Farmers Insurance® agent will be happy to answer any questions you may have regarding it.

Your agent can also help you with other business insurance needs, including business continuation or key person insurance, as well as retirement and deferred compensation arrangements. We hope to be able to serve your business insurance needs for many years to come.

A handwritten signature in black ink, appearing to read "Eric Coleman", with a long horizontal flourish extending to the right.

Eric Coleman
President of Business Insurance
Farmers Group, Inc.

Vice President
Truck Underwriters Association



Sign And Submit Forms Online With eSign

With eSign, you can sign your policy documents online and send them to us with just a few clicks. It's an easy and safe way to send forms that need your signature. If you haven't signed up for eSign yet, contact your Farmers® agent today to get started.

After you've activated eSign, any forms that need a signature and have an asterisk (*) next to them in your policy declarations will be sent to you through eSign.

Any future changes to your policy will also be processed through eSign if they can be.
Thank you for choosing us for your insurance.

2026 Exchange Update



Dear Fellow Fire Insurance Exchange Member:

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. Fire Insurance Exchange is one of the insurers comprising Farmers Insurance Group®. Fire Insurance Exchange along with Farmers Insurance Exchange and Truck 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

- In 2025, we once again delivered when it mattered most in a year full of disasters. Our Claims teams responded to 62 catastrophe events nationwide including record-breaking wildfires in California providing fast, on-the-ground support with Mobile Claims Centers and catastrophe response teams.
- We maintained intense focus on claims speed and accuracy, which is driving real value for our customers. Cycle times continued to improve, and independent surveys showed that Farmers customers rate our claims handling highly a strong indicator of the trust we've earned and our commitment to service excellence.
- Our financial position remains robust. We further strengthened surplus in 2025, keeping the Farmers Exchanges well-capitalized for the future. At the same time, we refined our approach to catastrophe exposure from underwriting actions to enhanced reinsurance rebalancing our risk portfolio to help better protect against major events.
- We introduced new digital tools to improve the customer and agent experience. Notably, our industry-leading quoting platform for agents rolled out broadly in 2025 now lets customers receive multiple quotes more quickly and with less friction, making it easier than ever to get the coverage they need.

Better Together

- We continue to prioritize people development, fostering a workplace culture of continuous improvement, accountability and strategic focus. This commitment is nurturing team members who are more resilient and adaptable to change, which ultimately benefits our customers and our organization's agility.
- In 2025, leaders across the organization took part in our peer learning and development forums, sharpening their people-leadership skills and sharing best practices. These programs are strengthening our leadership bench and ensuring we have strong, effective leaders guiding our teams.
- Our employees continued to live Farmers values in the community. In 2025, they volunteered over 30,000 hours (a new record) across thousands of charitable causes in over 900 communities nationwide from disaster relief to local community service.
- Through these volunteer efforts, over 200,000 people were directly helped last year. Whether by packing and serving meals with partners like Operation BBQ Relief, Rise Against Hunger and 9/11 Day, or other acts of service, our employees tangibly improved lives and demonstrated that we truly are better together with our communities.

Your Voting Rights

As a member of Fire 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 Fire 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 Fire 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,

The Board of Governors of Fire Insurance Exchange

2026 Exchange Update(continued)

FREQUENTLY ASKED QUESTIONS

As a member of Fire Insurance Exchange, we want you to understand the basics of the operation of an Exchange because, as you will see below, you are an owner of the Exchange.

What is an Exchange?

An Exchange is an insurance organization, which operates in most ways like any other insurance company, but with a few key differences. Fire Insurance Exchange was organized under a provision in the California Insurance Code, which allows insureds to "exchange" policies with other insureds. Because the insureds cannot practically be involved in actually issuing policies, collecting premium, paying commissions to agents, etc., they appoint a third party - called an "attorney-in-fact" (AIF) - to perform those duties on their behalf for a fee. That appointment is made through a document called a "Subscription Agreement." You were asked to sign a Subscription Agreement at the time you applied for insurance with Fire Insurance Exchange and that is how you became a member (aka subscriber).

Who owns the Exchange?

You do. Subscribers of the Exchange are owners until such time as they no longer have insurance from the Exchange. Subscribers elect a Board of Governors which supervises the financial affairs of the Exchange and the performance of the AIF in conformity with the Subscription Agreement terms.

Why is an AIF fee paid to Fire Underwriters Association (FUA)?

Under the Subscription Agreement mentioned above, members appoint FUA to perform certain of the tasks, such as policy issuance and collection of premium, which are involved in running an insurance operation. The Subscription Agreement specifies an AIF fee of 25 percent of premium, although FUA has taken less than that amount.

What is FUA?

FUA is a wholly owned subsidiary of Farmers Group, Inc. (FGI), which is part of the Zurich Insurance Group, Ltd (ZIG), a Swiss company. Neither FUA, FGI nor ZIG has any ownership interest in Fire Insurance Exchange, which is owned by its subscribers (insureds).

How was your premium dollar spent by Fire Insurance Exchange in 2025?

Your premium dollar covers Exchange costs including losses incurred, acquisition costs, taxes, license fees, the AIF fee, and any contributions to surplus. For 2025, the AIF fee was 11.9% of the premium dollar, which included the AIF profit of 7.12% of the premium dollar for that year.

Can the Exchange lose money?

If premiums collected exceed claims payments and other expenses (including the fee for the AIF), then the Exchange retains those net premium earnings (as contributions to surplus). If premiums are not sufficient to cover claims and expenses, the Exchange will lose money. That's one reason it is important to build surplus to pay future losses. The AIF does not participate in claims losses and does not enjoy any net premium earnings. Importantly, subscribers are not responsible for any losses the Exchange might suffer.

How can I exercise my right to vote?

You may exercise your voting rights in any of the following ways:

1. By attending the annual members' meeting in Woodland Hills, CA on March 15, 2027, at 10 AM,
2. Electronically through your Farmers.com account (voting will be available from January 1, 2027, to March 5, 2027, and you will be required to create a Farmers.com account if you do not already have one), or
3. Through mail by requesting a paper proxy from the Subscriber Relations Office (completed proxies must be received by March 5, 2027).

Where can I get more information about the Exchange, or obtain a paper proxy?

You can go to www.farmers.com/about-us for most questions. If you have additional questions or want to obtain a paper proxy along with a postage paid envelope to confidentially return your proxy, please contact:

Subscriber Relations Office
Fire Insurance Exchange
Attn: Corporate Secretary
P.O. Box 4461
Woodland Hills, CA 91365



Farmers® Workers Compensation

Report injuries right away

If someone gets hurt at work, you need to report it immediately. You can review the medical clinics, doctors, and hospitals that Farmers Insurance has shared.

How jobs are classified and what you pay

Your state has rules about how jobs are classified for insurance. A state group looks at your insurance policy to make sure your business is using the correct job types and pay rates.

Premium

Your premium is based on how much you pay your employees. To figure out your premium, we multiply your payroll by a rate. The premium you pay when you start your policy is just an estimate. Your final premium will be based on your employees' actual pay. If there is a difference between the estimated premium and the actual premium, you will either be charged more or will get money back.

If you paid a deposit, Farmers will keep it until the policy ends. Then, if you have paid all that you owe, Farmers will return the deposit.

How to report your payroll

You will get a form to report your payroll. Fill it out and send it back with your premium payment. If you don't report your payroll or pay your premium, your policy could be canceled.

It's very important to keep your payroll separated by job type. If you don't, the law says we have to use the highest pay rate for all your employees. This can make your premium higher. You must also include partners and executive officers in your payroll unless they are specifically excluded in writing.

If you use Farmers RealTime Billing®, you must register on our billing platform within 7 days. You must also send in payroll reports every time they are due. If you do not register or send reports on time, you won't be able to use RealTime Billing.

Farmers RealTime Billing uses a payment system called Automated Clearing House (ACH). You must give us permission to use this system to take your payments. If you do not give us permission or do not have enough money in your account to pay your premium, your policy may be canceled.

Auditing

State laws let us look at your business records to make sure you are paying the correct premium. We do this to make sure everyone pays a fair price, based on the real risks of their business. When we audit your records, we:

- Check to make sure your policy is using the correct job types based on what your employees do.
- Determine the actual payroll for each job type based on what each employee does. Payroll and overtime must be kept separate.
- Do not include tips in your payroll if you own a restaurant. If we did, that would make your premium higher.

Subcontractors

If you use subcontractors, you need to have proof that they have workers' compensation insurance before they start working for you. Ask for certificates of insurance, and keep them on file. If they do not have their own insurance, they will be covered under your policy. That means you will have to pay the premium on their payroll.

In Texas, if the subcontractors are independent contractors, you can exclude them from your insurance. You and your independent contractors must fill out the correct forms with the Texas Department of Insurance and Farmers Insurance Group®.

Changes

If you make any of the following changes, you need to tell your insurance agent about them immediately. We have to let the state rating group know about them too.

- If you move your business
- If you change your mailing address
- If your job types change
- If you sell or transfer ownership of your business

Loss control

If you have safety concerns, our loss control experts can help. They can do a safety survey of your business and help you set up a safety program. Contact your agent if you want them to help.

If someone gets hurt

- Report all injuries right away, whether they are minor or serious.
- If someone dies from a work injury, you must report it within 24 hours.
- You must fill out a report of injury form within 5 days of the injury and send it to Farmers Claims Center.

Report a fraudulent claim

Farmers works hard to prevent fraud. It is important to report claims right away. This helps us provide benefits for real claims and investigate possible fraud. If you are unsure about a claim, please call and talk to your Farmers Workers Compensation Claims Office.

Note: The information in this form is not part of your insurance contract. Please contact your Farmers agent if you have any questions.

Thanks for choosing Farmers. We're grateful for the opportunity to serve you.



Important Notice - Please keep for your records

Subscription Agreement Notice

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

Under the Subscription Agreement, you appoint Fire Underwriters Association (the "Association") to act as the attorney-in-fact. The Association has acted in this capacity since 1942. The Subscription Agreement provides for payment of compensation to the Association for its becoming and acting as attorney-in-fact. This compensation consists of a membership fee and a percentage of premiums on all policies of insurance or reinsurance issued or effected by the Exchange. These fees are included in your policy payment and are not an additional fee.

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

Subscription Agreement

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

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

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

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



Attention
Action Required

Dear Customer,

Thank you for choosing Farmers® for your Workers Compensation needs. We appreciate your business.

- * PLEASE NOTE: YOUR STATE MAY REQUIRE THAT CERTAIN FORMS AND/OR NOTICES BE POSTED IN THE WORKPLACE.**
- * IF YOU DO NOT POST THE FORMS/NOTICES, YOU COULD BE SUBJECT TO FINES LEVIED BY THE STATE.**

To obtain your state mandated workers compensation forms and information regarding how to report a claim, please proceed to the Farmers website at www.farmers.com.

1. Insurance Workers Compensation
2. Employee injuries
3. Click on [Click here to access the Virtual Claims Kit](#)
4. Select company
5. Select state

These forms/notices are provided to you free of charge to help you comply with state requirements for posting of notices regarding workers compensation insurance.

In addition to providing you with your state-mandated forms and notices, the Virtual Claims Kit will give you access to a wealth of safety and loss control information which may help you avoid workplace injuries and other losses.

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



Privacy Policy

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

Information We Collect

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

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

Purposes For Collection Of Personal Information

We collect and use your personal information to offer, provide and maintain insurance products and related services to you. We may use your personal information for one or more of the following purposes:

- To offer, provide, and maintain insurance products and related services to you;
- To authenticate and verify your identity; to maintain your preferences and to contact you;
- Security: authentication and verification of your identity, fraud identification and protection;
- Conduct analytics, research and development, improvement of our products and services;
- To conduct quality assurance;
- To provide a location-based product or service requested by you;
- To apply relevant discounts;
- To create profiles based on personal information collected and reflecting individual preferences to provide appropriate or relevant products and services and improve and analyze our products and services and provide relevant marketing;

Sources Of Personal Information

We collect certain information ("nonpublic personal information") about you and the members of your household (collectively, "you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information.
- Information about your transactions with us, our affiliates, or others, such as your policy coverage, premiums, and payment history.
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our on-line advertisements.
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information, and insurance claim history; and
- If you obtain a life, long-term care, or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

How Long Do We Retain Your Information

We retain your personal data for as long as reasonably necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory, or internal procedures or obligations.

How We Protect Your Information

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

Information We Disclose

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

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[®] 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/>.

Modifications to Our Privacy Policy

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

Website and Mobile Privacy Policy

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

Recipients of this Notice

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

More Information about these Laws

This notice is required by applicable federal and state law. For more information, please contact us.

Signed

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), Farmers Property and Casualty Insurance Company, Farmers Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Lloyds Insurance Company of Texas, Economy Premier Assurance Company, Farmers Direct Property & Casualty Insurance Company, Toggle Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

*For more background information on Farmers Financial Solutions, LLC ("FS" or its registered representatives / Agents, visit FINRA's BrokerCheck at www.finrabrokercheck.com or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at www.sipc.org. FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at www.msrb.org and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.



Dear Insured:

We know that your business needs can change throughout the year. You might get new equipment, hire more staff, open a new location, start online ordering or offer new services. These changes could mean you need to update your insurance coverage.

Farmers® and our agents are here to help you understand your insurance better. We offer free services to make sure your business has the right coverage.

How we can help:

Farmers Friendly Review®: Your agent can schedule a review with you. During this review, they can discuss:

- Available insurance discounts
- Potential gaps in your coverage
- New products that might be a good fit for you
- Changes to your business that might mean you could get a better price on your premium

MySafetyPoint.com: This website offers safety and loss control information to help you avoid workplace injuries and other losses.

To use this resource:

- Go to www.mysafetypoint.com
- Register with your policy number and email address
- Find safety information specific to your type of business

Please review the policy renewal documents enclosed to make sure your current coverage still meets your needs.

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

Thank you for choosing us for your insurance.



Date: JUNE 02, 2026

Dear Workers' Compensation Customer,

Thank you for choosing Farmers Insurance Group[®] for your workers' compensation insurance. We are glad to have you as a customer and to serve your business.

The price you see on the information page is an estimate. This price can change. An auditor might contact you to look at your financial records, or we might ask you to fill out a policyholder report. We do this to make sure each customer pays a fair price, based on how much they pay their employees while the policy is active. If we do a full review of your financial records, the auditor will check the following items:

- Make sure the policy is correctly classified based on the kinds of jobs your employees do.
- Check that the correct amount of pay is assigned to each job type for each employee. Regular pay and overtime pay need to be separated.
- Review your records to make sure tips and overtime pay were handled correctly, based on the laws of the states listed in your policy.
- Review pay given to any subcontractors. You need a certificate of workers' compensation insurance for each subcontractor you use. This will prevent confusion and extra charges when the policy term ends. If you don't have these certificates when we do the review, we will include the subcontractor pay in the price of your insurance.

If you get a policyholder report to fill out with payroll information, we will ask for a copy of your federal or state payroll reports or other payroll records to check the information you give us.

If you want to know more about your workers' compensation policy, your Farmers[®] agent will be happy to help.

Thank you for choosing us for your insurance.

Mid Century Insurance Company

Truck Insurance Exchange

Farmers Insurance Exchange

Fire Insurance Exchange

**FIRE INSURANCE EXCHANGE****17752**(An Inter-Insurance Exchange hereinafter Sometimes Referred To As Company)

Members of the Farmers Insurance Group of Companies

Workers' Compensation Information Page1. Insured Mailing
AddressLANE SMOKY CONDOMINIUM ASSOCI
SMOKY LANE CONDOMINIUM ASSOC.
119 WILLIAMS ST

KETCHUM ID 83340

Legal Entity: ☐ Individual ☐ Partnership ☐ Corporation☒ Other NON PROFITOther workplaces not shown above: 119 WILLIAMS ST
KETCHUM ID 833402. Policy Period: From 06/14/26 to 06/14/27 12:01 a.m. Standard Time at the insured's mailing address.

3. A. Workers' Compensation Insurance: Part One of this policy applies to the Workers' Compensation Law of the states listed here: ID

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ 1,000,000 each accidentBodily Injury by Disease \$ 1,000,000 each employeeBodily Injury by Disease \$ 1,000,000 policy limit

C. Other States insurance. Part Three of the policy applies to the states, if any, listed here: "All states except No. Dakota, Ohio, Washington and Wyoming, states designated in item 3A of the Information Page and".

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

\$ 0.00 Total Deposit Premium\$ SEE INVOICE Cash Received\$ SEE INVOICE **Other Credits**\$ SEE INVOICE **Balance Due**Classification of Operations
SEE CLASSIFICATION OF OPERATIONS SCHEDULE

Code No.

Premium Basis
Estimated
Total Annual
RemunerationRates
Per \$100
of Remu-
nerationEstimated Annual
Premium*see Additional Fee
Information below**This Is Not An Invoice**Minimum
Premium \$ 161.00Total Estimated Annual Premium
Expense Constant\$ 281.00\$ 100.00

(Included in Total Estimated Annual Premium)

Agent: KEVIN OROZCO
Agent Phone: 208-883-4800

Countersigned

Authorized Representative

Date

This policy includes these endorsements and schedules: See Extension of Information Page - Schedule of Forms

Additional Fee Information

The following additional fee 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 in all states except Connecticut and Georgia.

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, South Carolina, Virginia, 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
Farmers Real Time Billing ^{S M} (all states)	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 apart of premium under applicable state law.

Extension Of Information Page

Schedule of Forms

 Policy No. A0611-56-18 00

Form Number	Form Description	Applicable States
25-0846	WELCOME TO FARMERS LETTER - AGENT	ID
31-1275ED6	MEMORANDUM OF COMMERCIAL INSURANCE	ID
25-2425ED4	WC WELCOME TO FARMERS - INSD	ID
25-7200	NB/REN STATEMENT	ID
E5153-ED5	RATING FOR INCREASED LIMITS FOR PART II	ID
WC000404	PENDING RATE CHANGE ENDORSEMENT	ID
25-3063ED2	IMPORTANT INFORMATION	ID
25-3096C1	SUBSCRIPTION AGREEMENT	ID
WC0000000C	WORK COMP/EMPL LIAB INSURING AGREEMENT	ID
WC000414A	NOTICE OF CHANGE IN OWNERSHIP END	ID
WC000419A	PART 5 - PREMIUM AMENDATORY ENDSMT	ID
WC000421F	CATASTROPHE PREMIUM ENDORSEMENT	ID
WC000422C	TERRORISM RISK INS REAUTHORIZATION ACT	ID
WC000424	AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT	ID
WC110402A	ID ALCOHOL & DRUGFREE WK PL PREM CR END	ID
25-3066ED2	WC VIRTUAL CLAIMS KIT	ID
56-5285ED8	ADDITIONAL CONDITIONS W/C	ID
56-5933ED2	WC COUNTERSIGNATURE PAGE	ID
25-9200ED3	FARMERS PRIVACY NOTICE	ID
25-9230ED5	PH REMINDER - REVIEW YOUR COVERAGE	ID
25-8759C1	SUBSCRIPTION AGREEMENT-RETURN	ID
25-2937ED5	PHN - WC WELCOME TO FARMERS	ID
25-9586ED2	SIGN AND SUBMIT FORMS ONLINE	ID
E5000-ED3	W/COMP BLANK END - NAMED INSURED	ID

Classification of Operations(Continued)		Premium Basis	Rates	
STATE: ID	Code No.	Estimated Total Annual Remuneration	Per \$100 of Remuneration	Estimated Annual Premium
***** ENTITY 001 LOC 001 119 WILLIAMS ST BUILDINGS OPERATION: CONDOMINIUMS OR COOPERATIVES: PROFESSIONAL EMPLOYEES, PROPERTY MANAGERS AND LEASING AGENTS AND CLERICAL, SALESPERSONS. MODIFIED RATE *	9012	0	.6100 * .6167	0.00
* MODIFIED RATE (AFTER APPLICATION OF ANY MODIFIERS/DISCOUNTS INDICATED BELOW				
WC STD INCR LIMITS			9837	0.00
WC/EL INCREASED LIMITS			9848	120.00
CLASS BALANCE TO MINIMUM			0990	61.00
TERRORISM - 9740			0.010	0.00
CATASTROPHE - 9741			0.010	0.00
EXPENSE CONSTANT				100.00
ANNUAL PREMIUM FOR STATE: ID				281.00

Classification of Operations(Continued)

Workers' Compensation and Employers Liability Insurance Policy

**The contractual obligations
of this policy are assumed
only by the issuing Company
named in the Information
Page**

Farmers Insurance Group of Companies[®]
4680 Wilshire Boulevard
Los Angeles, California 90010

Quick Reference

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Important: This Quick Reference is not part of the Workers Compensation and Employers Liability Policy and does not provide coverage. Refer to the Workers Compensation and Employers Liability Policy itself on the following pages for actual contractual provisions.

Please Read Your Workers Compensation And Employers Liability Policy Carefully.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

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

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in item 1. of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in item 1. of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers' Compensation Law means the workers' or workmen's compensation law and occupational disease law of each state or territory named in item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in items 1. or 4. of the Information Page; and it covers all other workplaces in item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers' compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers' compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;

4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers' compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers' compensation law.

If we make any payments in excess of the benefits regularly provided by the workers' compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers' compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers' compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers' compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.

4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to you employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers' compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law;
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. Reasonable expenses incurred at our request; but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident - each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease - policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease - each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers' compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers' compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4. of the Information Page shows that the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers' compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obligated to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.

2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancelation is to take effect. Mailing that notice to you at your mailing address shown in item 1. of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancelation notice.
4. Any of these provisions that conflicts with a law that controls the cancelation of the insurance in this policy is changed by this statement to comply with that law.

E. Sole Representative

The insured first named in item 1. of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancelation.

90-DAY REPORTING REQUIREMENT NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

IDAHO ALCOHOL AND DRUG-FREE WORKPLACE PREMIUM CREDIT ENDORSEMENT

This endorsement provides notice that the premium for your policy may be affected by the Idaho Alcohol and Drug-Free Workplace Premium Credit Program.

The Idaho Department of Insurance has approved the use of up to a 5% premium credit in the voluntary market and a flat 5% premium credit in the assigned risk market if you have established and maintain a qualifying alcohol and drug-free workplace program.

We will determine your eligibility for this premium credit either during the policy period or at the time your final premium audit is processed.

To allow a credit, we must receive a written statement from you certifying that you have established and maintain an alcohol and drug-free workplace program. Your program must meet the requirements of Sections 72-1701 through 72-1715 of the Idaho Code. We have the right to require additional information to verify that you have established and maintain a qualifying program.

The determination that you have a qualifying program must be made each year that you receive the premium credit.

Minimum premium policies are not eligible for this premium credit.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective:

Policy Number:

Endorsement Number:

Insured:

Insurance Company:

Premium: \$



ADDITIONAL CONDITIONS

Applicable only if this policy is issued by the Truck Insurance Exchange, Farmers Insurance Exchange, Fire Insurance Exchange or Mid-Century Insurance Company.

RECIPROCAL PROVISIONS

As used in these provisions the term "Underwriters Associations" means the Truck Underwriters Association, the Farmers Underwriters Association or the Fire Underwriters Association respectively, attorney-in-fact for the Insurance Exchange issuing the policy.

This policy is made and issued in consideration of your premium payment to us. It is also issued in consideration of the information you gave to us during the application process, some of which is set out in the policy Information Page, and in consideration of the Subscription Agreement, which is provided to you and is incorporated herein by reference. You acknowledge that you have read, understood and agree to all the terms and conditions of the Subscription Agreement. Among other things, the Subscription Agreement appoints your Attorney-in-Fact, authorizes your Attorney-in-Fact to execute interinsurance policies between you and other subscribers and to perform various functions, and addresses compensation of the Attorney-in-Fact.

Nothing in this policy is intended, or shall be construed, to create either:

- a. A partnership or mutual insurance association, or
- b. Any joint liability.

We may sue or be sued in our own name, as though we were an individual, if necessary to enforce any claims which arise under this policy. In any suit against us, service of processes shall be upon the Underwriters Association, Attorney-in-Fact.

Membership fees which you pay are not part of the premium. They are fully earned when you are granted membership and coverage is effective. They are not returnable. However, they may be applied as a credit to membership fees required of you for other insurance which we agree to write.

We hold the Annual Meeting of the members of the Truck Insurance Exchange at our Home Office at Los Angeles, California, on the first Tuesday following the first Monday following the 15th day of March of each year at 1:00 p.m. If this policy is issued by the Farmers Insurance Exchange such meeting is held at the same place on the first Monday following the 15th of March of each year at 2:00 p.m. If this policy is issued by the Fire Insurance Exchange such meeting is held at the same place on the first Monday following the 15th of March of each year at 10:00 a.m. The Board of Governors may elect to change the time and place of the meeting. If they do so, you will be mailed a written or printed notice at your last known address at least ten days before such a time. Otherwise, no notice will be sent to you.

The Board of Governors shall be chosen by subscribers from among yourselves. This will take place at the annual meeting or at any special meeting which is held for that purpose. The Board of Governors shall have full power and authority to establish such rules and regulations our management as are not inconsistent with the subscribers' agreements.

Your premium for this policy and all payment made for its continuance shall be payable to us at our Home Office or such location named by us in your premium notice. The funds which you pay shall be placed to your credit on our records. They will be applied to the payment of your proportion of losses and expenses and to the establishment of reserves and general surplus. The Board of Governors or its Executive Committee has the authority to deposit, withdraw, invest and reinvest such funds. You agree that any amount which the Board of Governors allocates to our surplus fund may be retained by us. Also, after provision is made for all of our liabilities, it may be applied to any purpose deemed proper and advantageous to you and other policyholders.

This policy is nonassessable.

SPECIAL PROVISIONS

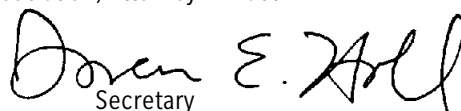
(Applicable only if this policy is issued by Mid-Century Insurance Company.)

Policy fees which you pay are not part of the premium. They are fully earned when the policy is issued. They are not returnable. However, they may be applied as a credit to policy fees required of you for other insurance which we agree to write.

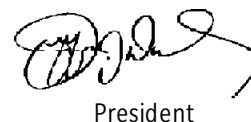
This policy shall not be effective unless countersigned on the Information Page by a duly authorized representative of the Company named on the Information Page.

The Company named on the Information Page has caused this policy to be signed by the officers shown below.

TRUCK INSURANCE EXCHANGE
by Truck Underwriters Association, Attorney-in-Fact
FARMERS INSURANCE EXCHANGE
by Farmers Underwriters Association, Attorney-in-Fact


Secretary

FIRE INSURANCE EXCHANGE
by Fire Underwriters Association, Attorney-in-Fact
MID-CENTURY INSURANCE COMPANY


President



This policy shall not be effective unless countersigned on the Information Page by a duly authorized representative of the Company named on the Information Page.

The Company named on the Information Page has caused this policy to be signed by the Officers shown below.

TRUCK INSURANCE EXCHANGE

by Truck Underwriters Association Attorney-in-Fact

MID-CENTURY INSURANCE COMPANY

FARMERS INSURANCE EXCHANGE

by Farmers Underwriters Association Attorney-in-Fact

FIRE INSURANCE EXCHANGE

by Fire Underwriters Association Attorney-in-Fact

A handwritten signature in black ink, appearing to read "Doreen E. Zell".

Secretary

A handwritten signature in black ink, appearing to be a stylized name.

President

NOTICE

1. DO NOT FAIL TO NOTIFY THE HOME OFFICE OF THE COMPANY AT LOSANGELES, CALIFORNIA, OR ITS DULY AUTHORIZED BRANCH CLAIMS OFFICE OF EVERY ACCIDENT, HOWEVER SLIGHT, IMMEDIATELY UPON ITS OCCURRENCE.
2. DO NOT DELAY SENDING IN NOTICE BECAUSE YOU ARE UNABLE TO GIVE ALL THE INFORMATION DESIRED. SEND A COMPLETED NOTICE LATER.

AUDIT NONCOMPLIANCE CHARGE ENDORSEMENT

Part Five - Premium, Section G. (Audit) of the Workers Compensation and Employers Liability Insurance Policy is revised by adding the following:

If you do not allow us to examine and audit all of your records that relate to this policy, and/or do not provide audit information as requested, we may apply an Audit Noncompliance Charge. The method for determining the Audit Noncompliance Charge by state, where applicable, is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5 Premium, E. (Final Premium) of this policy.

Failure to cooperate with this policy provision may result in the cancellation of your insurance coverage, as specified under the policy.

Note:

For coverage under state-approved workers compensation assigned risk plans, failure to cooperate with this policy provision may affect your eligibility for coverage.

Schedule

State(s)	Basis of Audit Noncompliance Charge	Maximum Audit Noncompliance Charge Multiplier
ID	Estimated Annual Premium	Two Times

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective:

Policy Number:

Endorsement Number:

Insured:

Insurance Company:

Premium: \$

WC 00 04 24
(ED 1-17)

Countersigned by _____

PENDING RATE CHANGE ENDORSEMENT

A rate change filing is being considered by the proper regulatory authority. The filing may result in rates different from the rates shown on the policy. If it does, we will issue an endorsement to show the new rates and their effective date.

If only one state is shown in Item 3.A of the Information Page, this endorsement applies to that state. If more than one state is shown there, this endorsement applies only in the state shown in the Schedule.

Schedule

State N/A

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective:

Policy Number:

Endorsement Number:

Insured:

Insurance Company:

Premium: \$

Countersigned by _____

Part Five Premium Amendatory Endorsement

This endorsement amends Part Five Premium of the policy as follows:

Part Five Premium, Section A. (Our Manuals) is replaced by the following provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five Premium, Section D. (Premium Payments) is replaced by the following provision:

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
ID	0.010	0.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____

WC 00 04 21 F

(Ed. 08-2022 Countrywide, Ed. 07-2022 in Texas)

1 of 1

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Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

Act means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

Act of Terrorism means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Insured Loss means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

Insurer Deductible means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

State	Rate	Schedule	Premium	State	Rate	Schedule	Premium
ID	0.010		0.00				

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium

Insurance Company

Countersigned by _____



Named Insured . LANE SMOKY CONDOMINIUM ASSOCI
 . SMOKY LANE CONDOMINIUM ASSOC.
 . 119 WILLIAMS ST
 . KETCHUM ID 83340

Effective Date 06/14/26

Agent
75-65-34A

A0611-56-18 00

20 26

Policy Number
of the CompanyPolicy
Year

(DBA) SMOKY LANE CONDOMINIUM ASSOC.

Countersigned _____
Authorized Representative



Workers' Compensation And Employers' Liability Insurance Policy

Named Insured . LANE SMOKY CONDOMINIUM ASSOCI
SMOKY LANE CONDOMINIUM ASSOC.
119 WILLIAMS ST
KETCHUM ID 83340

Effective Date 06/14/26

Agent
75-65-34A

A0611-56-18 00 20 26
Policy Number of the Company Policy Year

RATING FOR INCREASED LIMIT FOR PART TWO

State: IDAHO

Part

Two

Limit of 1000/1000/1000 Premium Increase 1.10% Annual Aggregate % Minimum Premium \$ 120.00
Liability

The limit of liability for Part Two, Employers Liability Insurance is increased as shown above. It is agreed that the total premium before application of Loss and Expense Constants, any applicable Experience Modification, Additional Medical Coverage percentage charge, and Premium Discounts or Retrospective Rating shall be increased as shown above, subject to an annual aggregate minimum premium indicated for this endorsement.

Exceptions applicable to the following states:

MASSACHUSETTS ____% shall be the percentage by which the premium shall be increased \$ _____ shall be the minimum premium.

Classifications involving specific disease loadings or exceptions to the disease law, to be separately endorsed for the states of:

ALABAMA
MISSOURI

COLORADO
MONTANA

ILLINOIS
NEW MEXICO

INDIANA
SOUTH DAKOTA

MISSISSIPPI

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.

Countersigned _____
Authorized Representative



Important Notice Please Read!

Dear Insured,

It is important to tell us right away about any changes to your business that could affect your insurance. State workers' compensation bureaus and your insurance contract with Farmers® require that we use current and correct information to determine your insurance coverage and cost.

Here are some examples of changes you should report immediately:

- Your mailing address changes
- Your business location changes
- You add more business locations
- You add business in other states
- Your business operations change, which may change your policy
- Your business changes its type or status
- Your federal employer identification number (FEIN) changes
- Your business ownership changes

Please contact your Farmers agent right away if you make any of these changes.

Note: If you do not report changes quickly, you may not have enough insurance coverage. Your state's workers compensation bureau may also fine you.

For questions, please contact your Farmers agent, or call us at (855)323-5350.

Thanks for choosing Farmers. We're grateful for the opportunity to serve you.