

PREMIER BUSINESSOWNERS - HABITATIONAL (AMCO)

47 0016439

ACP 30-4-7444419

INSURED COPY

LMWB N

IMPORTANT FLOOD INSURANCE NOTICE

Thank you for the opportunity to provide your important insurance protection. As your insurance provider, we like to keep you informed of important issues that can potentially impact your property assets. This letter is to remind you of the importance of considering flood insurance and the importance of reviewing your policies on a regular basis.

Your Commercial Property (Premier Businessowners, and/or Commercial Property) and Farmowners' policy does not cover damage from floods to any property resulting directly or indirectly from "water." Excluded "water" losses include, but are not limited to those caused by flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not. These types of loss or damage caused by "Water" are excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss. You will need to read your policy for all of the details about excluded water losses. This is just a summary of the excluded water losses to highlight some important flood-related issues.

In most communities, you can obtain flood insurance through your agent that is backed by the federal government's National Flood Insurance Program. In those qualifying communities, you can obtain flood insurance protection for your property regardless of your flood zone or flood risk.

Your agent can assist you in 1) determining if your community participates in the National Flood Insurance Program, 2) assessing your flood risk, and 3) understanding flood policy availability. To learn more about flood insurance and your risk of flooding access the National Flood Insurance Program's consumer website at www.FloodSmart.gov.

As you consider the risk of flooding in your area and consider your options for obtaining valuable protection, consider that:

- All property is in a flood zone, regardless of whether an area has been defined as high risk or low risk.
- Nearly 25% of all flood claims are for properties located in lower-risk flood areas or locations where flooding is not expected.
- Floods can happen anywhere, at any time, causing anguish, destruction, and financial damage.
- Changing weather patterns, as well as residential and business development, may increase your chance of experiencing a flood.
- Flooding can occur as a result of clogged, overloaded, or inadequate storm drains. You don't have to live near a body of water to be flooded.
- Federal disaster assistance is often a loan and must be repaid with interest.
- Your commercial property and/or farmowner policies exclude loss by flooding.

Ask your agent about obtaining flood insurance for commercial property today. Thank you for choosing us to meet your insurance needs. We value your business.

NOTICE TO POLICYHOLDERS

★★★★★★

IMPORTANT INSURANCE INFORMATION

★★★★★★

Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

**IMPORTANT INFORMATION REGARDING YOUR
INSURANCE**

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Idaho Department of Insurance at:

Idaho Department of Insurance
Consumer Affairs
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043
1-800-721-3272 or 208-334-4250 or www.DOI.Idaho.gov

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, please have your policy number available.



IMPORTANT INSURANCE INFORMATION



Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

DATA BREACH & IDENTITY RECOVERY SERVICES

Data Breach Services Information:

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub®portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code: **12116-73**.
- Enter the challenge word on the screen, and click “Submit” and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

In addition, you have the ability to purchase Data Compromise Insurance coverage and CyberOne Insurance coverage.

The Data Compromise coverage covers the costs incurred by an insured to respond to a data breach, including expenses related to forensic information technology review, legal review, notification to affected individuals, services to affected individuals, public relations services. Insureds will also have the ability to include Data Compromise Defense and Liability coverage which covers the liability from a suit brought by an individual affected by the data breach.

CyberOne coverage protects businesses against damage to electronic data and computer systems from a virus or other computer attack. It also protects a business's liability to third parties that may have suffered damage due to security weaknesses in the business's computer system.

Identity Recovery Services Information:

Through a partnership Hartford Steam Boiler, you will have access to a Toll-Free Identity Recovery Help Line designed to provide education about identity theft and identity theft risks. The toll-free Help Line is staffed by experienced identity theft counsellors who can answer questions and provide useful information and resources to identity theft victims. The Identity Recovery Help Line number is 877-800-5028.

In addition, you have the ability to buy Identity Recovery insurance coverage as an included element of Data Compromise coverage or separately, on its own. The Identity Recovery coverage insures against the theft of identities of the insured's key owners, officers, and resident family members. The coverage provides the services of an identity theft case manager and pays for various out-of-pocket expenses due to a covered identity theft, including:

- Legal fees for answer of civil judgments and defense of criminal charges
- Phone, postage, shipping fees
- Notary and filing fees
- Credit bureau reports
- Lost Wages and Child or Elder Care
- Mental Health Counseling costs (Not Available in NY)
- Miscellaneous Expense coverage

★★★★★★

IMPORTANT INSURANCE INFORMATION

★★★★★★

This Notice does not form a part of the insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of the policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

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

PROTECTIVE SAFEGUARD ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS

This Advisory Notice provides information concerning the following protective safeguards endorsements, which apply to the new or renewal policy being issued:

Burglary and Robbery Protective Safeguards – CP 12 11
Burglary and Robbery Protective Safeguards – CP 73 02
Protective Devices Endorsement – IM 7853
Protective Devices or Services Provision - CRA 505
Protective Safeguards - CP 73 01
Protective Safeguards - OP 04 04
Protective Safeguards - PB 04 30
South Dakota Protective Safeguards - CP 04 12
Protective Devices Endorsement - IMA 930

This policy is written with a protective safeguards endorsement. See the policy declarations to determine the specific endorsement that applies to this policy. Note that acceptance of the policy, in the payment of premium, constitutes the insured's understanding and acknowledgement of the risk of loss of insurance at the scheduled building if the protective safeguard is not maintained. The scheduled protective safeguard(s) scheduled endorsement must be:

- In place;
- Operational; and
- Maintained in good working order

at the building shown on the endorsement.

Failure to comply with any of these conditions, may result in loss of insurance coverage.

The endorsement provides explicit instructions to preserve coverage under the policy should it become necessary to suspend or disable the scheduled protective safeguard(s). Please read the endorsement thoroughly to understand and comply with these conditions. Contact your producer for questions or additional information regarding this endorsement.

The condition in this endorsement applies to all coverages provided by the insurance, including (if any) property damage and business income coverages, unless stated otherwise in your policy.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL COMMON DECLARATIONS

Policy Number: **ACP BPH 3047444419**

Named Insured: **WESTRIDGE CONDO ASSOCIATION**

Mailing Address: **PO BOX 5750
KETCHUM, ID 83340-5750**

Agency: **HARRISON INSURANCE** **CSC**

Address: **HAILEY ID 83333-6000**

Agency Phone Number: **(208)788-3255**

Policy Period: Effective From **12-06-21** To **12-06-22**
12:01 AM Standard Time at your principal place of business.

Form of your business entity: **ASSOCIATION**

Description of your business: **CONDO**

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE TO PROVIDE THE INSURANCE STATED IN THIS POLICY.

CONTINUATION PROVISION: If we offer to continue your coverage and you or your representative do not accept, this policy will automatically terminate on the expiration date of the current policy period stated above. Failure to pay the required premium when due shall mean that you have not accepted our offer to continue your coverage. This policy will terminate sooner if any portion of the current policy period premium is not paid when due.

RENEWAL POLICY NOTICE: In an effort to keep insurance premiums as low as possible, we have streamlined your renewal policy by not including printed copies of policy forms or endorsements that have not changed from your expiring policies, unless they include variable information that is unique to you. Refer to your prior policies for printed copies of these forms. If you have a need for any form, they are available by request from your agent.

If you should have any questions or problems with this policy, please first contact your agent or a Company representative. If after doing so, we have failed to produce a satisfactory solution to your problem, you may contact the IDAHO DEPARTMENT OF INSURANCE at 1-800-721-3272, www.DOI.Idaho.gov or write them at: Idaho Department of Insurance, Consumer Affairs, 700 W State Street, 3rd Floor, PO Box 83720, Boise ID 83720-0043

TOTAL POLICY PREMIUM \$ 23,357.00

Previous Policy Number			
ACP BPH 3037444419	ENTRY DATE	09-23-21	Countersignature _____ Date _____

These Common Policy Declarations, together with the Common Policy Conditions, Coverage Form Declarations, Coverage Forms and any endorsements issued to form a part thereof, complete the Policy numbered above.

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

SCHEDULE OF NAMED INSUREDS

Policy Number: ACP BPH 3047444419

From 12-06-21

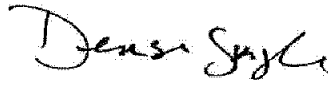
Policy Period:
To 12-06-22

Named Insured:

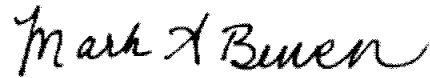
WESTRIDGE CONDO ASSOCIATION

AMCO INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPH 3047444419**

Policy Period:
From **12-06-21** To **12-06-22**

Description of Premises Number: **001** Building Number: **001** Construction: **FRAME**
Premises Address **660 2ND AVE SOUTH** **KETCHUM** **ID** **83340-0000**
Premises ID
Occupancy **OO** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - SINGLE BUILDING AT A**
PREMISES WITH 5 OR MORE UNITS
Described as: **CONDO, UNITS 1-6, A**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 5,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement cost	\$5,712,900
Business Personal Property -	NOT PROVIDED
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	12%
Automatic Increase in Insurance - Business Personal Property	NOT PROVIDED
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit
Account Receivable	\$25,000	\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000	\$25,000
Forgery and Alteration	\$10,000	\$10,000
Money and Securities - Inside the Premises	\$10,000	\$10,000
Outside the Premises (Limited)	\$10,000	\$10,000
Outdoor Signs	\$2,500	\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000	\$10,000
Business Personal Property Away From Premises	\$15,000	\$15,000
Business Personal Property Away From Premises - Transit	\$15,000	\$15,000
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$75,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	INCLUDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$25,000
Ordinance or Law Broadened	INCLUDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **P-1**;

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPH 3047444419**

From **12-06-21** To **12-06-22**

Additional Interest: **M** Interest Number: **1** Loan Number: **2001862081**
Interest: **LOC 1-1**
ROUNDPOINT MORTGAGE SERVICING CORP
ISAOA ATIMA
PO BOX 39575, SOLON, OH, 44139-0575

Additional Interest: **M** Interest Number: **2** Loan Number: **233021875**
Interest: **LOC 1-1**
BANK OF AMERICA, N.A.
ISAOA ATIMA
PO BOX 961291, FORT WORTH, TX, 76161-0291

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

Additional Interest: Interest Number: Loan Number:
Interest:

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPH 3047444419**

Policy Period:
From **12-06-21** To **12-06-22**

Description of Premises Number: **002** Building Number: **001** Construction: **FRAME**
Premises Address **640 2ND AVE SOUTH** **KETCHUM** **ID** **83340-0000**
Premises ID
Occupancy **OL** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - SINGLE BUILDING AT A**
PREMISES WITH 5 OR MORE UNITS
Described as: **CONDO, UNITS 7-9, B**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 5,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement cost	\$5,712,900
Business Personal Property -	NOT PROVIDED
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	12%
Automatic Increase in Insurance - Business Personal Property	NOT PROVIDED
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit
Account Receivable	\$25,000	\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000	\$25,000
Forgery and Alteration	\$10,000	\$10,000
Money and Securities - Inside the Premises	\$10,000	\$10,000
Outside the Premises (Limited)	\$10,000	\$10,000
Outdoor Signs	\$2,500	\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000	\$10,000
Business Personal Property Away From Premises	\$15,000	\$15,000
Business Personal Property Away From Premises - Transit	\$15,000	\$15,000
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$75,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$25,000
Ordinance or Law Broadened	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **P-1**;

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPH 3047444419**

From **12-06-21** To **12-06-22**

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPH 3047444419**

Policy Period:
From **12-06-21** To **12-06-22**

Description of Premises Number: **003** Building Number: **001** Construction: **FRAME**
Premises Address **601 SOUTH MAIN** **KETCHUM** **ID** **83340-0000**
Premises ID
Occupancy **OL** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - SINGLE BUILDING AT A**
PREMISES WITH 5 OR MORE UNITS
Described as: **CONDO, UNITS 10-15 & C**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 5,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement cost	\$5,712,900
Business Personal Property -	NOT PROVIDED
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	12%
Automatic Increase in Insurance - Business Personal Property	NOT PROVIDED
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit
Account Receivable	\$25,000	\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000	\$25,000
Forgery and Alteration	\$10,000	\$10,000
Money and Securities - Inside the Premises	\$10,000	\$10,000
Outside the Premises (Limited)	\$10,000	\$10,000
Outdoor Signs	\$2,500	\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000	\$10,000
Business Personal Property Away From Premises	\$15,000	\$15,000
Business Personal Property Away From Premises - Transit	\$15,000	\$15,000
Electronic Data	\$10,000	\$10,000
Interruption of Computer Operations	\$10,000	\$10,000
Building Property of Others	\$10,000	\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$75,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$25,000
Ordinance or Law Broadened	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **P-1**;

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPH 3047444419**

From **12-06-21** To **12-06-22**

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Period:

From **12-06-21** To **12-06-22**

Policy Number: **ACP BPH 3047444419**

Description of Premises Number: **004** Building Number: **001** Construction: **FRAME**
 Premises Address **603 SOUTH MAIN** **KETCHUM** **ID** **83340-0000**
 Premises ID
 Occupancy **OL** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - SINGLE BUILDING AT A**
PREMISES WITH 5 OR MORE UNITS
 Described as: **CONDO, UNITS 16-21**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 5,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement cost	\$5,712,900
Business Personal Property -	NOT PROVIDED
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	12%
Automatic Increase in Insurance - Business Personal Property	NOT PROVIDED
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED

OPTIONAL INCREASED LIMITS

	Included Limit	Additional Limit	
Account Receivable	\$25,000		\$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000		\$25,000
Forgery and Alteration	\$10,000		\$10,000
Money and Securities - Inside the Premises	\$10,000		\$10,000
Outside the Premises (Limited)	\$10,000		\$10,000
Outdoor Signs	\$2,500		\$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000		\$10,000
Business Personal Property Away From Premises	\$15,000		\$15,000
Business Personal Property Away From Premises - Transit	\$15,000		\$15,000
Electronic Data	\$10,000		\$10,000
Interruption of Computer Operations	\$10,000		\$10,000
Building Property of Others	\$10,000		\$10,000

OPTIONAL COVERAGES - Other frequently purchased coverage options.

Employee Dishonesty \$75,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$25,000
Ordinance or Law Broadened	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **P-1**;

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPH 3047444419**

From **12-06-21** To **12-06-22**

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL PROPERTY DECLARATIONS

Policy Number: **ACP BPH 3047444419** Policy Period:
From **12-06-21** To **12-06-22**
 Description of Premises Number: **005** Building Number: **001** Construction: **FRAME**
 Premises Address **605 SOUTH MAIN** **KETCHUM** **ID** **83340-0000**
 Premises ID
 Occupancy **OL** Classification: **CONDOMINIUM ASSOCIATION - RESIDENTIAL - SINGLE BUILDING AT A**
PREMISES WITH 5 OR MORE UNITS
 Described as: **CONDO, UNITS 22-27 & E**

WE PROVIDE INSURANCE ONLY FOR THOSE COVERAGES INDICATED BY A LIMIT OR BY "INCLUDED".

The Property Coverage provided at this premises is subject to a **\$ 5,000** Deductible, unless otherwise stated.

COVERAGES	LIMITS OF INSURANCE
Building - Replacement cost	\$5,712,900
Business Personal Property -	NOT PROVIDED
ADDITIONAL COVERAGES - the Coverage Form Includes other Additional Coverages not shown.	
Business Income - ALS - 12 Months - NO Hour Waiting Period - 60 Day Ordinary Payroll Limit	INCLUDED
Extra Expense - Actual Loss Sustained (ALS) - 12 Months - NO Hour Waiting Period	INCLUDED
Equipment Breakdown	INCLUDED
Automatic Increase in Insurance - Building	12%
Automatic Increase in Insurance - Business Personal Property	NOT PROVIDED
Back Up of Sewer and Drain Water (limit shown per Building, subject to \$25,000 policy aggregate)	\$5,000
Appurtenant Structures - 10% of Building Limit of Insurance - maximum \$50,000 any one structure	INCLUDED
 OPTIONAL INCREASED LIMITS	
	Included Limit Additional Limit
Account Receivable	\$25,000 \$25,000
Valuable Papers and Records (At the Described Premises)	\$25,000 \$25,000
Forgery and Alteration	\$10,000 \$10,000
Money and Securities - Inside the Premises	\$10,000 \$10,000
Outside the Premises (Limited)	\$10,000 \$10,000
Outdoor Signs	\$2,500 \$2,500
Outdoor Trees, Shrubs, Plants and Lawns	\$10,000 \$10,000
Business Personal Property Away From Premises	\$15,000 \$15,000
Business Personal Property Away From Premises - Transit	\$15,000 \$15,000
Electronic Data	\$10,000 \$10,000
Interruption of Computer Operations	\$10,000 \$10,000
Building Property of Others	\$10,000 \$10,000
 OPTIONAL COVERAGES - Other frequently purchased coverage options.	
Employee Dishonesty \$75,000 Policy Occurrence	INCLUDED
Ordinance or Law - 1 - Loss to Undamaged Portion	NOT PROVIDED
2 - Demolition Cost and Broadened Increased Cost of Construction	\$25,000
Ordinance or Law Broadened	NOT PROVIDED

PROTECTIVE SAFEGUARDS

This premise has Protective Safeguards identified by symbols below. Insurance for Fire or Burglary and Robbery at this premise will be excluded if you do not notify us immediately if any of these safeguards are impaired. See **PB 04 30** for a description of each symbol. APPLICABLE SYMBOLS: **P-1;**

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

MORTGAGEE ASSIGNMENT INFORMATION

Policy Period:

Policy Number: **ACP BPH 3047444419**

From **12-06-21** To **12-06-22**

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

Additional Interest:
Interest:

Interest Number:

Loan Number:

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

LIABILITY DECLARATIONS

Policy Number: **ACP BPH 3047444419**

Policy Period:
From **12-06-21** To **12-06-22**

LIMITS OF INSURANCE

Each Occurrence Limit of Insurance	Per Occurrence	\$2,000,000
Medical Payments Coverage Sub Limit	Per Person	\$1,000
Tenants Property Damage Legal Liability Sub Limit	Per Covered Loss	\$300,000
Personal and Advertising Injury	Per Person Or Organization	\$2,000,000
Products – Completed Operations Aggregate	All Occurrences	\$4,000,000
General Aggregate (Other than Products – Completed Operations)	All Occurrences	\$4,000,000

AUTOMATIC ADDITIONAL INSUREDS STATUS

The following persons or organizations are automatically insureds when you and they have agreed in a written contract or agreement that such person or organization be added as an additional insured on your policy.

Co-Owners of Insured Premises
Controlling Interest
Grantor of Franchise or License
Lessors of Leased Equipment
Managers or Lessors of Leased Premises
Mortgagee, Assignee or Receiver
Owners or Other Interest from Whom Land has been Leased
State or Political Subdivisions - Permits Relating to Premises

PROPERTY DAMAGE DEDUCTIBLE

NONE

OPTIONAL COVERAGES

Directors & Officers Liability	Per Occurrence	\$2,000,000
Directors & Officers Liab-Retro Date 02/22/08	Aggregate	\$2,000,000

PREMIER BUSINESSOWNERS POLICY

PREMIER HABITATIONAL

FORMS AND ENDORSEMENTS SUMMARY

Policy Period:

Policy Number: ACP BPH 3047444419

From 12-06-21 To 12-06-22

FORM NUMBER	TITLE
LI0021	0101 NUCLEAR ENERGY LIABILITY EXCLUSION
PB0002	1114 PREMIER BUSINESSOWNERS
PB0006	1114 PREMIER BUSINESSOWNERS LIABILITY COVERAGE FORM
PB0009	1114 PREMIER BUSINESSOWNERS COMMON POLICY CONDITIONS
PB0412	0101 LIMITATION OF COVERAGE TO DESIGNATED PREMISES
PB0430	0917 PROTECTIVE SAFEGUARDS
PB1701	1114 CONDOMINIUM ASSOCIATION COVERAGE
PB2998	0908 EXCLUSION - VIOLATION OF CONSUMER PROTEC
PB2999	0215 EXCLUSION - FUNGI OR BACTERIA
PB4100	0515 DIRECTORS AND OFFICERS LIABILITY (COOPERATIVES OR CONDOMINIUM)
PB9011	0715 IDAHO AMENDATORY ENDORSEMENT
PB2500	0101 BLANK ENDORSEMENT
PB5422	0406 AMENDMENT - EMPLOYEE DISHONESTY OPTIONAL COVERAGE - CONDOMINIUM
PB1504	1114 ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
PB3701	1114 ORDINANCE OR LAW BROADENED ENDORSEMENT
PB0523	0715 CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

IMPORTANT NOTICES

IN7404	0107 IMPORTANT FLOOD INSURANCE NOTICE
IN7575	0211 IMPORTANT INFORMATION REGARDING YOUR INSURANCE
IN7809	1115 DATA BREACH & IDENTITY RECOVERY SERVICES
IN7854	0717 PROTECTIVE SAFEGUARDS ENDORSEMENT ADVISORY NOTICE TO POLICYH

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

PREMIER BUSINESSOWNERS PROPERTY COVERAGE FORM

NOTICE

YOU RISK THE LOSS OF CERTAIN INSURANCE COVERAGE AT PREMISES DESIGNATED IN THE DECLARATIONS IF YOU FAIL TO MAINTAIN ANY OF THE APPLICABLE PROTECTIVE SAFEGUARDS, LISTED BY SYMBOL IN THE DECLARATIONS FOR EACH PREMISES.

TO AVOID POTENTIAL LOSS OF COVERAGE YOU MUST REPORT ANY PROTECTIVE SAFEGUARD SUSPENSION OR DISABLEMENT BY CALLING 1-866-322-3214

Your acceptance of this policy in the payment of premium when due constitutes your understanding and acknowledgement that you risk the loss of certain insurance at the premises designated if you fail to maintain the protective safeguard and your acceptance and agreement with the terms of this endorsement.

SCHEDULE

Prem. / Bldg. No. Description of P-9 Protective Safeguard:

- A. **CONDITION.** As a condition of this insurance, you are required to maintain the applicable protective devices or services for fire, denoted by symbols P-1, P-2, P-3, P-4, P-5, P-8, or P-9; or for burglary and robbery, denoted by symbols P-6 or P-7), as designated at each premises by symbol in the Declarations.
- B. **EXCLUSIONS.** Under Section B. EXCLUSIONS, the following exclusions are added:
1. **FIRE PROTECTIVE SAFEGUARDS**
We will not pay for loss or damages caused by or resulting from fire if, prior to the fire, you:
 - a. Knew or should have known of any suspension or impairment in any protective safeguard as designated at each premises by symbol in the Declarations and failed to notify us of that fact; or
 - b. Failed to maintain any protective safeguard as designated at each premises by symbol in the Declarations and over which you have control, in complete working order; or
 - c. Add or modify any cooking equipment and operate it prior to adding or extending any Fire Suppression System that is required by code to protect it.
If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.
 2. **BURGLARY AND ROBBERY PROTECTIVE SAFEGUARDS**
We will not pay for loss or damage caused by or resulting from breaking-in or theft if, prior to the breaking-in or theft, you:
 - a. Knew or should have known of any suspension or impairment in any protective safeguard designated at each premises by symbol in the Declarations and failed to notify us of that fact; or
 - b. Failed to maintain any protective safeguard designated at each premises by symbol in the Declarations and over which you had control, in complete working order.

C. **PROTECTIVE SAFEGUARD SYMBOLS.** The protective safeguards to which this endorsement applies are identified in the Declarations by the following symbols:

- "P-1" Automatic Sprinkler System** including related supervisory services. Automatic Sprinkler System means:
- a. Any automatic fire protective or extinguishing system, including connected:
 - 1) Sprinklers and discharge nozzles;
 - 2) Ducts, pipes, valves and fittings;
 - 3) Tanks, their component parts and supports; and
 - 4) Pumps and private fire protection mains.
 - b. When supplied from an automatic fire protective system:
 - 1) Nonautomatic fire protective systems; and
 - 2) Hydrants, standpipes and outlets.

"P-2" Automatic Fire Alarm, protecting the entire building, that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

"P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

"P-4" Service Contract with a privately owned fire department providing fire protection service to the described premises.

"P-5" Watchman Service based on contract with a privately owned security company providing premises protection services to the described premises.

"P-6" Local Burglar Alarm protecting the entire building which in the event of an unauthorized or attempted entry at the described premises, triggers a loud sounding gong or siren, or a visual device, on the outside of the building.

"P-7" Central Station Burglar Alarm protecting the entire building which, in the event of an unauthorized or attempted entry at the described premises, will automatically transmit an alarm signal to an outside Central Station or police station.

"P-8" Fire Suppression System, including related supervisory services. Fire Suppression System means any automatic fire protective or extinguishing system designed to protect cooking equipment (i.e. cooking surfaces, deep fat fryers, grease ducts and hoods) including connected:

- a. Sprinklers and discharge nozzles;
- b. Ducts, pipes, valves and fittings; and
- c. Tanks, their component parts and supports.

"P-9" The protective system described in the Schedule of this endorsement.

All terms and conditions of this policy apply unless modified by this endorsement.

EFFECTIVE DATE: 12:01 AM Standard Time,
(at your principal place of business)

BUSINESSOWNERS
PB 25 00 (01-01)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY ADDRESS INCLUDES THE FOLLOWING ADDRESSES:

660 2ND AVE S KETCHUM ID 83340 UNITS 1,2,4,5
640 2ND AVE S KETCHUM ID 83340 UNITS 7,8,9
601 SOUTH MAIN S KETCHUM ID 83340 UNITS 10,11,12,13,14,15
603 SOUTH MAIN S KETCHUM ID 83340 UNITS 16,17,18,19,20,21
605 SOUTH MAIN S KETCHUM ID 83340 UNITS 22,23,24,25,26,27

All terms and conditions of this policy apply unless modified by this endorsement.

PB 25 00 (01-01)