

**TRUCK INSURANCE EXCHANGE**

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES  
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

**POLICY DECLARATIONS**

**CONDOMINIUM - PRIMARY**

1.			<b>K088509</b>	
Named	: CAMPFIRE MOUNTAIN HOMES			
Insured	: HOMEOWNERS ASSOC		EasyPay Acct No.	Prod. Count
Mailing	: 23024 US HIGHWAY 6 UNIT 202		<b>07-07-321</b>	<b>04594-81-96</b>
Address	: KEYSTONE CO 80435-7793		Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 05/28/07 (not prior to time applied for) to 05/28/08 12:01 a.m. Standard Time  
If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

**001 0100 SNAKE RIVER RD KEYSTONE CO 804357758**

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

**PROPERTY**

**COVERAGES AND LIMITS OF INSURANCE**

COVERAGES	PREMISE NO. 001
BUILDINGS	\$6,021,300
BUILDING ORDINANCE AND LAW	COVERED
	COV 1
	COV 2 \$35,000
	COV 3 \$13,900
CONDOMINIUM UNIT COVERAGE	INCLUDED
SPECIFIED PROPERTY	\$2,500
ASSOCIATION FEE AND	\$100,000
EXTRA EXPENSE	
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$500

**ADDITIONAL COVERAGES**

COVERAGE	All Premises
MASTER KEY	\$100/\$5,000
BACKUP OF SEWER AND DRAIN	\$5,000



**COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence**

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$5,000
NEWLY ACQUIRED PROPERTY	\$250,000

**OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.**

COVERAGE	All Premises
OUTDOOR SIGNS	\$2,500
EMPLOYEE DISHONESTY	\$5,000
MONEY AND SECURITIES	\$5,000
OUTDOOR PROPERTY	\$2,500

**LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.**

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$1,000,000
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

**Mortgage Holders:**

Premises No.	Mortgage Holder Name, Address

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
 (Date) (Authorized Representative)