

Arrow insurance management

"The Insurance People"

August 24, 2004

Meadow Cove Condominium Assoc
C/O Key to the Rockies
PO Box 8456
Keystone, CO 80435

RE: Allstate Insurance Company 050379217
Commercial Package 09/28/04 to 09/28/05

Mike,

P.O. Box 5000
Frisco
Colorado 80443
(970) 668-3500
fax 668-3342

Enclosed is the renewal of your Commercial Package and invoice. Please review the policy carefully and make sure that all of the information is correct. Please note that the blanket building coverage has increased just over 10%. Please note that the blanket building coverage has increased just over 10%. If anything needs to be changed, please contact us immediately.

P.O. Box 860
Breckenridge
Colorado 80424
(970) 453-6496
fax 453-7891

Please read your policy carefully and become aware of the coverage afforded by it. Please keep in mind, optional coverage and higher limits are available for additional costs. Let us know if you are interested.

P.O. Box 918
Avon
Colorado 81620
(970) 949-5110
fax 949-6306

A brief summary of coverage is included with this mailing; however, you should refer to the policy for actual terms and conditions of the contract. If you need Certificates of Insurance mailed out for the renewal term please furnish us with a current list of unit owners.

Thank you for choosing Arrow Insurance for your insurance needs. Be sure to let us know of any changes. We appreciate your business.

For The Arrow Insurance Team,


Jennifer Faoro
Arrow Insurance Mgt - Frisco



08/10/2004

MEADOW COVE CONDO ASSN C/O KEY TO THE ROCKIES

PO BOX 8456
KEYSTONE, CO 80435

Dear Policyholder,

We sincerely appreciate that you've chosen Allstate to help protect your business with this policy and we hope to continue helping you with your insurance needs.

Enclosed is your Allstate renewal package. Your specific choices of coverage and coverage amounts appear on the Policy Declarations.

As you review the enclosed policy declarations, you'll note that your renewal policy includes the following Endorsement:

BU5782 Limited Exclusion for Non-Certified Acts of Terrorism; Cap on Certified Acts of Terrorism (Special Form/Builders' Risk)

These endorsements reduce the coverage your renewal policy will provide for loss caused by terrorism. You can further reduce the coverage your renewal policy will provide for loss caused by terrorism - and reduce your premium accordingly - by contacting your agent. Please refer to the enclosed Important Notice to Policyholders (CID606) for more information regarding this change in your coverage.

Your bill will be sent in a separate mailing about 20 days prior to the due date. Please make sure that your payment is received by us by the due date indicated on the bill.

Thanks again for renewing with us. If you have any questions about your policy, please give your Allstate agent a call.

Sincerely,



Thomas J. Wilson
President
Allstate Property & Casualty Insurance Company

Enclosures

RENTRN-8
(Ed. 10-03)



Allstate Insurance Company
Commercial Package
09/28/04 to 09/28/05

| | |
|---|-------------|
| General Liability | |
| Comprehensive limit | \$1,000,000 |
| Medical Payment Limit – each person | \$ 5,000 |
| - Each accident | \$ 25,000 |
| Fire Damage/Specified Peril Legal Liability | \$ 50,000 |
| Advertising Injury | \$ 100,000 |
| Board of Managers Liability | Included |
| | |
| Property | |
| Blanket Building | \$2,154,000 |
| Personal Property | None |
| Deductible | \$250 |
| | |
| <u>Crime</u> | |
| Employee Dishonesty | Included |
| | |
| <u>Contractors Equipment</u> | No Coverage |
| | |
| <u>Automobile Coverage</u> | |
| Hired Auto Liability | Included |
| Non-owned Auto Liability | Included |
| | |
| <u>Workers Compensation</u> | No Coverage |
| | |
| <u>Umbrella Liability</u> | No Coverage |

This summary has been prepared by Arrow Insurance Management for information purposes only. In the event of a discrepancy between the policy and this summary, the policy provisions will prevail.



ALLSTATE INSURANCE COMPANY

RENEWAL DECLARATIONS

CUSTOMIZER POLICY NO. 050 379217
SPECIAL FORM

1. **The Insured** MEADOW COVE CONDO ASSN C/O KEY TO THE ROCKIES
Mailing Address PO BOX 8456
KEYSTONE, CO 80435

LOCATION OF INSURED PREMISES: SEE BU5575-3

2. **Policy Period from** 09/28/2004 **to** 09/28/2005
Beginning and ending 12:01 A.M. , Standard Time at the address of the insured stated above.

3. **The Insured is a** ASSN

4. ADDITIONAL INTERESTS

This policy also covers the interests of any of the following when indicated by an "X" and named below.

- The Mortgagee under Coverage A - Part One The Loss Payee under Coverage A - Part Two Other
- The Additional Insured for Leased Premises, under Coverage B - Part One The Vendor under Coverage B - Part One

Name

Address

5. POLICY COVERAGES

This policy applies to each of the Coverages and Parts shown below. Under Coverage A, Coverage is provided only for property at the Insured Premises for which a specific limit of liability is shown.

| Coverage A - Business Property | | | |
|--------------------------------|---|-------------------------------------|----------------------------------|
| Part One | Buildings SEE BU5575-3 | Limits of Liability SEE BU5575-3 | |
| | The Property Insurance Adjustment Condition <u>IS</u> applicable to this policy | | |
| Two | Business Contents | | |
| | DEDUCTIBLE | \$250 | applicable to each adjusted loss |

| Coverage B - Business Liability | | | |
|---------------------------------|--|-------------|-----------------------|
| Part One | Comprehensive Liability | \$1,000,000 | EACH ACCIDENTAL EVENT |
| | Fire and Specified Peril Legal Liability | \$50,000 | EACH ACCIDENTAL EVENT |
| | Advertising Injury Liability | \$100,000 | |
| Two | Medical Payments | \$5,000 | EACH PERSON |
| | | \$25,000 | EACH ACCIDENT |

BU5570-5
(ED. 10-03)

Page 1 of 3



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

On November 26, 2002, the federal "Terrorism Risk Insurance Act of 2002" (the federal Act) became effective. The federal Act establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

The federal Act defines an "act of terrorism" as an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as a 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.

DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 90 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

DISCLOSURE OF PREMIUM

Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$80.00 .

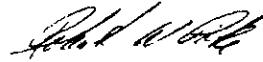


WITNESS CLAUSE

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by two officers of the Company at Northbrook, Illinois.



President



Secretary



SUPPLEMENTAL DECLARATIONS

5. Under Coverage A, insurance is provided only for property at the Insured Premises for which a specific limit of liability is shown.

Part One - Buildings

| Loc. No. | Bldg. No. | Insured Premises | RC or ACV** | Limits of Liability |
|----------|-----------|--|-------------|---------------------|
| 001 | 001 | 18 COVE BLVD DILLON, CO 80435 FRAME CONDOMINIUM | * | RC \$315,000 |
| 001 | 002 | 16 COVE BLVD DILLON, CO 80435 FRAME CONDOMINIUM | * | RC \$481,000 |
| 001 | 003 | 20 COVE BLVD DILLON, CO 80435 FRAME CONDOMINIUM | * | RC \$679,000 |
| 001 | 004 | 22 COVE BLVD DILLON, CO 80435 FRAME CONDOMINIUM | * | RC \$679,000 |

* Property Insurance Adjustment is applicable to this building.

**Valuation: RC = Replacement Cost; ACV = Actual Cash Value

