



Coverage Is Provided In:  
Ohio Security Insurance Company

Policy Number:  
**BKS (23) 63 46 64 94**  
Policy Period:  
**From 08/24/2022 To 08/24/2023**  
12:01 am Standard Time  
at Insured Mailing Location

## Common Policy Declarations

### Named Insured & Mailing Address

LOOKOUT MOUNTAIN PARADISE HILLS  
HOMEOWNERS ASSOCIATION  
25754 BRISTLECONE CT  
GOLDEN, CO 80401

### Agent Mailing Address & Phone No.

(303) 429-3527  
DAY LARSEN PEDERSEN INSURANCE,  
LLC  
3030 W 81ST AVE  
WESTMINSTER, CO 80031-4111

Named Insured Is: CORPORATION

Named Insured Business Is: SINGLE FAMILY HOME OWNERS ASSOCIATION

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

### SUMMARY OF COVERAGE PARTS AND CHARGES - CUSTOM PROTECTOR

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$152.00
Commercial Crime	\$245.00
Commercial General Liability	\$3,099.00
Condominium Association Directors and Officers Liability	\$1,287.00

**Total Charges for all of the above coverage parts: \$4,783.00**

*Note: This is not a bill*

### IMPORTANT MESSAGES

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Issue Date 06/29/22

Authorized Representative

**To report a claim, call your Agent or 1-800-366-6446**

DS 70 21 11 16



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**Commercial Property  
Declarations**

**Named Insured**

**Agent**

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DAY LARSEN PEDERSEN INSURANCE,  
LLC

**SUMMARY OF CHARGES**

Explanation of Charges	DESCRIPTION	PREMIUM
	Property Schedule Totals	\$152.00

**Total Advance Charges: \$152.00**  
*Note: This is not a bill*

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08



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**Commercial Property**  
**Declarations Schedule**

**Named Insured**

**Agent**

LOOKOUT MOUNTAIN PARADISE HILLS  
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**SUMMARY OF PROPERTY COVERAGES - BY LOCATION**

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 25754 Bristlecone Ct, Golden, CO 80401-8082

**Property**  
**Characteristics**

**Description:**

**Construction:** Frame

**Your Business**  
**Personal Property**  
**Coverage**

**Occupancy:** Townhouses or Similar Associations (Association Risk Only)  
- Over 30 Units

**Description**

Limit of Insurance - Replacement Cost	<b>\$5,250</b>
Coinsurance	<b>80%</b>
Inflation Guard - Annual Increase	<b>2%</b>

**Covered Causes of Loss**

Special Form - Excluding Windstorm or Hail  
- Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated	<b>\$1,000</b>
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<b>Premium</b>	<b>\$56.00</b>
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**Equipment**  
**Breakdown**  
**Coverage**

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**Commercial Property**  
**Declarations Schedule**

**Named Insured**

**Agent**

LOOKOUT MOUNTAIN PARADISE HILLS  
HOMEOWNERS ASSOCIATION

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**SUMMARY OF PROPERTY COVERAGES - BY LOCATION**

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

*Premium* **\$1.00**

**SUMMARY OF OTHER PROPERTY COVERAGES**

<b>Identity Theft Administrative Services And Expense Coverage</b>	<u>Description</u> Limit of Insurance	<u>See Endorsement CP9059</u>
	<i>Premium</i>	<b>\$12.00</b>

<b>Property Extension Endorsement</b>	<u>Description</u> Custom Protector Plus Endorsement with Condo	<b>\$8.00</b>
	<i>Premium</i>	<b>\$8.00</b>

<b>Property Extension Endorsement</b>	<u>Description</u> Condominium Owner Custom Protector Plus	<b>\$75.00</b>
	<i>Premium</i>	<b>\$75.00</b>

**Commercial Property Schedule Total:** **\$152.00**

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**Commercial Crime  
Declarations**

**Named Insured**

**Agent**

LOOKOUT MOUNTAIN PARADISE HILLS  
HOMEOWNERS ASSOCIATION

(303) 429-3527  
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**SUMMARY OF CHARGES**

Explanation of Charges	DESCRIPTION	PREMIUM
	Crime Coverage Totals	\$245.00

**Total Advance Charges: \$245.00**

*Note: This is not a bill*

To report a claim, call your Agent or 1-844-325-2467

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**Commercial Crime**  
**Declarations Schedule**

**Named Insured**

**Agent**

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**SUMMARY OF CRIME COVERAGES**

Insurance applies only for coverages for which a limit is shown. Optional coverages apply only when entries are made in this schedule. Exception: Refer to the Commercial Crime Coverage Part for coverages, limits and deductibles not shown below.

<b>Employee Dishonesty - Blanket</b>	<b>DESCRIPTION</b>	
	Limit of Insurance	<b>\$40,000</b>
	Deductible	<b>\$1,000</b>
<b>Premium</b>		<b>\$245.00</b>
<b>Crime Schedule Total:</b>		<b>\$245.00</b>

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**Commercial General Liability**  
**Declarations**  
Basis: Occurrence

**Named Insured**

**Agent**

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HOMEOWNERS ASSOCIATION

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**SUMMARY OF LIMITS AND CHARGES**

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	300,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	3,099.00

**Total Advance Charges: \$3,099.00**  
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To report a claim, call your Agent or 1-844-325-2467

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**Commercial General Liability**  
**Declarations Schedule**

**Named Insured**

**Agent**

LOOKOUT MOUNTAIN PARADISE HILLS  
HOMEOWNERS ASSOCIATION

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**SUMMARY OF CLASSIFICATIONS - BY LOCATION**

0001 25754 Bristlecone Ct, Golden, CO 80401-8082

**Insured:** LOOKOUT MOUNTAIN PARADISE HILLS

**CLASSIFICATION - 68500**

Townhouse Associations including Homeowners Associations  
(association risk only)

Products-Completed Operations Are Subject To The General  
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations	187 Number of Units	15.042	\$2,813.00

*Total:*

*Included*

**SUMMARY OF OTHER COVERAGE**

COVERAGE DESCRIPTION		PREMIUM
Non-Owned Auto Liability	See Policy Forms and Endorsements List.	\$145.00
Condominium Custom Protector Coverages	See Policy Forms and Endorsements List	\$141.00

**Commercial General Liability Schedule Total** **\$3,099.00**

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**Condominium Association Directors  
And Officers Liability**

**Declarations**  
Basis: Occurrence

**Named Insured**

**Agent**

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**SUMMARY OF LIMITS AND CHARGES**

Condominium Association Directors and Officers Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Wrongful Act	1,000,000
	Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Condominium Association Directors And Officers Liability	1,287.00

**Total Advance Charges:**

**\$1,287.00**

*Note: This is not a bill*

**SUMMARY OF LOCATIONS YOU OWN, RENT, OR OCCUPY**

25754 Bristlecone Ct, Golden, CO 80401-8082

To report a claim, call your Agent or 1-844-325-2467

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**Condominium Association Directors  
And Officers Liability  
Declarations Schedule**

**Named Insured**

**Agent**

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**SUMMARY OF CLASSIFICATIONS - BY LOCATION**

25754 Bristlecone Ct, Golden, CO 80401-8082

**Insured:** LOOKOUT MOUNTAIN PARADISE HILLS

**CLASSIFICATION - 73145**

Condominium Association Directors And Officers Liability  
Non-Profit

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / EACH UNIT	PREMIUM
Errors and Omissions	187 Unit(s)	6.880	\$1,287.00
<i>Total:</i>			<i>\$1,287.00</i>

**Condominium Association Directors Schedule Total**

**\$1,287.00**

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08