WESTFIELD

Westfield
One Park Circle, P.O. Box 5001
Westfield Center, OH 44251
800-243-0210
WestfieldInsurance.com

Commercial Common Policy Declarations
Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From 12/12/2022 To 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	
Business Of Named Insured: Apartment House	**Entity Of Named Insured:** Association, Labor Union, Religious Organization	

Coverage and Premium Summary

Commercial Property Coverage Part	$24,687.00
Commercial General Liability Coverage Part	$220.00
Inland Marine Coverage Part	Included
Inland Marine AAIS Coverage Part	Included
Crime And Fidelity Coverage Part	$6.00
Policy Annual Premium	**$24,913.00**
Colorado Hazard Mitigation Fee	$2.00
Total Advance Annual Policy Premium	**$24,915.00**

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. For more detail, please refer to the individual coverage parts inside your policy.

Forms and Endorsements Applicable to This Coverage Part:
Refer to Schedule of Forms and Endorsements - IL DS 73

PLEASE REFER TO IL7097 FOR A DETAILED SUMMARY OF TAXES AND SURCHARGES BY STATE.

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial Common Policy Schedule** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902

Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From 12/12/2022 To 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	
Business Of Named Insured: Apartment House	**Entity Of Named Insured:** Association, Labor Union, Religious Organization	

Schedule of Insured Locations

Loc. 1

117 Vischer Dr Bldg 1
Telluride, CO 81435-9538

Loc. 2

117 Vischer Dr Bldg 2
Telluride, CO 81435-9538

IL DS 02 05 18

ISSUED DATE:11/04/2022

POLICY NUMBER: 195150C

COMMERCIAL PACKAGE

CONTINUATION OF THE DECLARATIONS: SCHEDULE OF STATE TAXES AND SURCHARGES

NAMED INSURED: Castellina Condominiums Owners Association Inc
EFFECTIVE DATE: 12/12/2022

Tax Totals – By State

State	Tax/Surcharge	Amount
	Total Policy Taxes	**$2.00**

Tax Totals – By Line of Business

Property

State	Tax/Surcharge	Amount
CO	Policyholder Surcharge	2.00
	Property Total Taxes	**$2.00**

WESTFIELD

Westfield
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800-243-0210
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Commercial Property Declarations
Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C **Billing Account No:** 6000015702 **Payment Plan:** Monthly (Paper Invoices)

Policy Period: From: 12/12/2022 To: 12/12/2023 At 12:01 A.M. standard time at your mailing address shown above.

Coverage Provided - Insurance applies at locations shown on the Schedule of Insured Locations and to which a limit of Insurance is shown in these Declarations or specified in an endorsement attached to this Coverage Part.

Coverage and Premium Schedule

Loc.	Bldg.	Coverage	Co Ins.	Ded.	Cause of Loss	Limit Of Insurance	Premium
1	1	**117 Vischer Dr Bldg 1, Telluride, CO 81435-9538**					
		Building	90%	$5,000	Special - Incl Theft	$15,600,000	$19,618
		Replacement Cost Agreed Value Expires 12/12/2023 4% Inflation Guard					
		BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	ALS	$507
2	1	**117 Vischer Dr Bldg 2, Telluride, CO 81435-9538**					
		Building	80%	$5,000	Special - Incl Theft	$616,591	$1,670
		Replacement Cost Agreed Value Expires 12/12/2023 4% Inflation Guard					
		BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	ALS	$510

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial Property Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C **Billing Account No:** 6000015702 **Payment Plan:** Monthly (Paper Invoices)

Policy Period: From: 12/12/2022 To: 12/12/2023 At 12:01 A.M. standard time at your mailing address shown above.

Total Commercial Property Premium	**$20,621**
Total Additional Coverages and Endorsements Premium	**$3,897**
Total Terrorism Premium	**$169**
Total Advance Annual Commercial Property Premium	**$24,687**

Forms and Endorsements Applicable to This Coverage Part:
Refer to Schedule of Forms and Endorsements - IL DS 73

Schedule of Additional Coverages and Endorsements

Form Number/Endorsement	**Premium**
CPDS75 - Commercial Property Coverage Part Equipment Breakdown Coverage Schedule	Included
CP0401 - Brands And Labels	Included
CP0407 - Pollutant Clean Up And Removal Additional Aggregate Limit Of Insurance	Included
CP0415 - Debris Removal Additional Insurance	Included
CP0417 - Utility Services - Direct Damage	Included

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial Property Declarations** **Renewal**
Company Providing Coverage: Westfield Champion Insurance Company		
Named Insured and Mailing Address:	**Agency:** 050145	
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200	
Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above.	

CP1038 - Discharge From Sewer, Drain or Sump (Not Flood-Related)	Included
CP1230 - Peak Season Limit Of Insurance	Included
CP1430 - Outdoor Trees, Shrubs And Plants	Included
CP1440 - Outdoor Signs	Included
CP1402 - Unscheduled Building Property Tenant's Policy	Included
CP1509 - Business Income From Dependent Properties - Limited Form	Included
CP1545 - Utility Services - Time Element	Included
CP7070 - Business Income-Actual Loss Sustained Endorsement	Included
CP0405 - Ordinance Or Law Coverage	$1,684
CP7195 - Equipment Breakdown Coverage	$1,769
CP7181 - Commercial Property Expanded Coverage	$444
Total Additional Coverages and Endorsements Coverage Premium:	**$3,897**

COMMERCIAL PROPERTY COVERGE PART
EQUIPMENT BREAKDOWN COVERAGE SCHEDULE

Equipment Breakdown is subject to the Limits of Insurance shown in the Commercial Property Policy Declarations except as specifically shown below.

These coverages apply to all locations covered on the policy, unless otherwise specified.

Coverages	Limits
Equipment Breakdown Limit	
Business Income	
Extra Expense	

The Limits for the following Coverages are included in the Equipment Breakdown Coverage (Including Electronic Circuitry Impairment) endorsement for $50,000 each unless otherwise specified on the schedule below.

Data Restoration	
Expediting Expenses	
Hazardous Substances	
Spoilage	

The Service Interruption Limit will follow the Business Income, Extra Expense, Data Restoration or Spoilage Limit with a 24 hour waiting period unless otherwise specified on the schedule below

Service Interruption	

Other Conditions (A)

Other Conditions (B)

Schedule of Covered Locations With Deductibles

These coverages apply to all locations covered on the policy, unless othewise specified

Loc No.	Combined All Coverage Deductible	Direct Coverages Deductible	Indirect Coverages Deductible	Spoilage Deductible
1	$5,000			
2	$5,000			

WESTFIELD

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Commercial General Liability
Declarations
Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account Number:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Limits of Insurance

Each Occurrence Limit	$2,000,000
General Aggregate Limit (Other than products/completed-operations)	$4,000,000
Products/Completed-Operations Aggregate Limit	$4,000,000
Personal & Advertising Injury Limit	$2,000,000
Damage to Premises Rented to You Limit (Any one premises)	$1,000,000
Medical Expense Limit (Any one person)	$5,000

Total Premises/Operations Premium	**$114**
Total Products/Completed Operations Premium	**Included**
Total Additional Coverages and Endorsements Premium	**$104**
Total Additional Interests Premium	**Included**
Total Terrorism Premium	**$2**
Total Advance Annual General Liability Premium	**$220**

Forms And Endorsements Applicable To This Coverage Part:
Refer to Schedule of Forms and Endorsements - IL DS 73

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial General Liability Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account Number:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Classification and Premium Schedule

Location of all premises owned by, rented to, or controlled by the name insured are shown on the Schedule of Insured Locations, IL DS 02, unless otherwise indicated.

Location	Classification Code and Description	Premium Basis	Rate	Premium
#1: 117 Vischer Dr Bldg 1, Telluride, CO 81435-9538	62003 - Condominiums - residential - (association risk only)	4 Units	22.844 Prem/Ops	$91
#2: 117 Vischer Dr Bldg 2, Telluride, CO 81435-9538	62003 - Condominiums - residential - (association risk only)	1 Units	22.844 Prem/Ops	$23

Total Premises/Operations Premium	**$114**
Total Products/Completed Operations Premium	**Included**

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial General Liability Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account Number:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Schedule of Additional Coverages and Endorsements

Form Number/ Endorsement	**Premium**
CG7164 - Commercial General Liability Expanded	$104
CG0435 - Employee Benefits Liability Coverage	Included
CG2404 - Waiver of Transfer of Rights of Recovery Against Others to Us	Included
CG7022 - Voluntary Property Damage	Included
CG7023 - Care Custody or Control Coverage Form	Included

Total Additional Coverages and Endorsements Coverage Premium: **$104**

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial General Liability Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account Number:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Schedule of Additional Interests

Form Number/ Endorsement	**Premium**
CG2027 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Co-Owner of Insured Premises	Included
CG2003 [Automatic status when required by written contract, agreement, or permit] - ADDITIONAL INSURED - CONCESSIONAIRES TRADING UNDER YOUR NAME	Included
CG2005 [Automatic status when required by written contract, agreement, or permit] - ADDITIONAL INSURED - CONTROLLING INTEREST	Included
CG2029 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Grantor of Franchise	Included
CG2034 - Additional Insured-Lessor of Leased Equipment-Automatic Status When Required in Lease Agreement With You	Included
CG2011 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Managers or Lessors of Premises	Included
CG2018 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Mortgagee Assignee or Receiver	Included
CG2024 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Owners or Other Interests From Whom Land Has Been Leased	Included
CG2012 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-State or Governmental Agency or Subdivision or Political Subdivision-Permits or Authorizations	Included

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial General Liability** **Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account Number:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

CG2015 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Vendors	Included
CG2004 - Condominium Unit Owners	Included
Total Additional Interests Premium:	**Included**

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One Park Circle, P.O. Box 5001
Westfield Center, OH 44251
800-243-0210
WestfieldInsurance.com

Commercial Inland Marine Declarations Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured And Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C **Billing Account Number:**6000015702 **Payment Plan:** Monthly (Paper Invoices)

Policy Period: From 12/12/2022 To 12/12/2023 At 12:01 A.M. standard time at your mailing address shown above

Coverage and Premium Schedule

Coverages	**Premium**
Accounts Receivable Coverage Form	Included
Valuable Papers & Records Coverage Form	Included
Computer Coverage	Included
Fine Arts Coverage-Fine Arts Floater	Included
Total Additional Interests Premium:	
Total Terrorism Premium:	**Included**
Total Advance Annual Commercial Inland Marine Premium:	**Included**

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73

WESTFIELD	**Westfield** One Park Circle, P. O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial Inland Marine** **Accounts Receivable Coverage** **Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Accounts Receivable Coverage

SCHEDULE OF LOCATIONS

Loc. No.	Address
1	117 Vischer Dr Bldg 1, Telluride, CO 81435-9538
2	117 Vischer Dr Bldg 2, Telluride, CO 81435-9538

COVERED PROPERTY AND LIMITS OF INSURANCE

		Limit of Insurance
A.	**Coverage Applicable At Your Premises**	
	Loc No. 1	$150,000
	Loc No. 2	$150,000
B.	**Coverage Applicable Away From Your Premises**	

DESCRIPTION OF RECEPTACLES

Loc. No.	Class:	Label:	Issuer:	Manufacturer:

COINSURANCE

The Coinsurance percentage is 80% unless otherwise stated:

WESTFIELD	**Westfield** One Park Circle, P. O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial Inland Marine** **Accounts Receivable Coverage** **Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

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Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

RATES AND PREMIUM

A. Non-reporting Rate **Premium** Included

B. Reporting

1. Deposit Premium $0
2. Minimum Annual Premium
3. Reporting Period
4. Premium Adjustment Period
5. Rates

Total Advance Annual Accounts Receivable Premium **Included**

DUPLICATE RECORDS:
If this endorsement is attached, the following applies:

Percentage Duplicated:

Forms and Endorsements Applicable To This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73

WESTFIELD

Westfield
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Westfield Center, OH 44251
800-243-0210
www.westfieldgrp.com

Commercial Inland Marine
Valuable Papers and Records
Declarations
Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071,C / O Jarmik Property Management Telluride, CO, 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE CO 81401-3902

Policy Number: 195150C	**Billing Account No: 6000015702**	**Payment Plan: Monthly (Paper Invoices)**
Policy Period: From: 12/12/2022 To: 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Valuable Papers and Records Declarations Coverage

Effective Date: 12/12/2022
Premium For This Coverage Form: Included **Rate:**

Limit of Insurance

A. PROPERTY AT YOUR PREMISES

Address
117 Vischer Dr Bldg 1, Telluride, CO 81435-9538

a. Specifically Described Property

b. All other Covered Property

$150,000 Included with Expanded

117 Vischer Dr Bldg 2, Telluride, CO 81435-9538

a. Specifically Described Property

b. All other Covered Property

$150,000 Included with Expanded

B. PROPERTY AWAY FROM YOUR PREMISES

DEDUCTIBLE
The Deductible amount is $500 unless otherwise stated.

CM DS 86 05 18

ISSUED DATE: 11/04/2022

DESCRIPTION OF RECEPTACLES

Address	Manufacturer	Class	Label	Issuer

Special Provisions (if any):

Westfield
One Park Circle, P.O. Box 5001
Westfield Center, OH 44251
800-243-0210
WestfieldInsurance.com

Commercial Crime & Fidelity Declarations Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:**050145
Castellina Condominiums Owners Association Inc PO Box 3071 , C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE CO 81401-3902

Policy Number: 195150C **Billing Account No:**6000015702 **Payment Plan:** Monthly (Paper Invoices)

Policy Period: From 12/12/2022 To 12/12/2023 At 12:01 A.M. standard time at your mailing address shown above

Crime & Fidelity (Commercial Entities)

Coverage Is Written:

[X] Primary [ ] Excess

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreement	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence	Premium
1. Employee Theft	$50,000	$500	Included
2. Forgery or Alteration	$50,000	$500	Included
3. Inside the Premises - Theft of Money and Securities	$50,000	$500	Included
5.Outside the Premises	$50,000	$500	Included
7. Money Orders and Counterfeit Money	$5,000	$500	Included

Total Commercial Crime Premium	**Included**
Total Additional Coverages and Endorsements Premium	**$6**
Total Advance Annual Commercial Crime Premium	**$6**

Forms and Endorsements Applicable To This Coverage:
Refer to Schedule of Forms and Endorsements - IL DS 73

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Commercial Crime & Fidelity** **Declarations** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

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Castellina Condominiums Owners Association Inc PO Box 3071 , C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE CO 81401-3902

Policy Number: 195150C	**Billing Account No**:6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From 12/12/2022 To 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Schedule of Additional Coverages and Endorsements

Form Number/Endorsement	**Premium**
CR2502 - Include Designated Agents as Employees	$6

Total Additional Coverages and Endorsements Coverage Premium: **$6**

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Commercial Crime & Fidelity Declarations Renewal

Company Providing Coverage: Westfield Champion Insurance Company

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Policy Number: 195150C	**Billing Account No:**6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From 12/12/2022 To 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

Cancellation of Prior Insurance Issued By Us:

By acceptance of this Coverage Part/ Policy you give us notice cancelling prior policy Nos._____; the cancellation to be effective at the time this Coverage Part/Policy become effective.

CR DS 70 05 18

Issued Date: 11/04/2022

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Schedule of Forms and Endorsements** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
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Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From 12/12/2022 To 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

SCHEDULE OF FORMS AND ENDORSEMENTS

FORMS THAT APPLY TO MULTIPLE COVERAGE PARTS

NUMBER	EDITION DATE	TITLE
ILDS01	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY DECLARATIONS
ILDS02	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY SCHEDULE
IL7097	0920	CONTINUATION OF THE DECLARATIONS: SCHEDULE OF STATE TAXES AND SURCHARGES
IL0003	0908	CALCULATION OF PREMIUM
IL0017	1198	COMMON POLICY CONDITIONS
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL7041	1214	VALUE GUARD ENDORSEMENT
CL0700	1006	VIRUS OR BACTERIA EXCLUSION
IL0169	0907	COLORADO CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD
IL0228	0907	COLORADO CHANGES - CANCELLATION AND NONRENEWAL
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL7013	1206	EXCLUSION - LEAD
IL0125	1113	COLORADO CHANGES - CIVIL UNION

FORMS THAT APPLY TO COMMERCIAL PROPERTY

NUMBER	EDITION DATE	TITLE
CPDS73	0518	COMMERCIAL PROPERTY DECLARATIONS
CPDS75	1218	EQUIPMENT BREAKDOWN COVERAGE
CP0017	1012	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP0030	1012	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP0060	0695	LEASEHOLD INTEREST COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITIONS
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0401	1000	BRANDS AND LABELS
CP0407	1091	POLLUTANT CLEAN UP AND REMOVAL ADDITIONAL AGGREGATE LIMIT OF INSURANCE
CP0415	1012	DEBRIS REMOVAL ADDITIONAL INSURANCE
CP0417	1012	UTILITY SERVICES - DIRECT DAMAGE

Westfield
One Park Circle, P.O. Box 5001
Westfield Center, OH 44251
800-243-0210
WestfieldInsurance.com

Schedule of Forms and Endorsements
Renewal

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C **Billing Account No:** 6000015702 **Payment Plan:** Monthly (Paper Invoices)

Policy Period: From 12/12/2022 To 12/12/2023 At 12:01 A.M. standard time at your mailing address shown above

CP0460	1012	VACANCY CHANGES
CP1034	1012	EXCLUSION OF LOSS DUE TO BY-PRODUCTS OF PRODUCTION OR PROCESSING OPERATIONS (RENTAL PROPERTIES)
CP1038	1012	DISCHARGE FROM SEWER DRAIN OR SUMP (NOT FLOOD-RELATED)
CP1230	0695	PEAK SEASON LIMIT OF INSURANCE
CP1410	0695	ADDITIONAL COVERED PROPERTY
CP1430	1012	OUTDOOR TREES, SHRUBS AND PLANTS
CP1440	0607	OUTDOOR SIGNS
CP1402	0917	UNSCHEDULED BUILDING PROPERTY TENANT'S POLICY
CP1509	1012	BUSINESS INCOME FROM DEPENDENT PROPERTIES - LIMITED FORM
CP1545	0917	UTILITY SERVICES - TIME ELEMENT
CP7070	0712	BUSINESS INCOME-ACTUAL LOSS SUSTAINED ENDORSEMENT
CP0405	0917	ORDINANCE OR LAW COVERAGE
CP9904	1219	CANNABIS EXCLUSION WITH HEMP EXCEPTION
CP1030	0917	CAUSES OF LOSS - SPECIAL FORM
CP1075	1220	CYBER INCIDENT EXCLUSION
CP7195	0321	EQUIPMENT BREAKDOWN COVERAGE(INCLUDING ELECTRONIC CIRCUITRY IMPAIRMENT)
CP7181	0321	COMMERCIAL PROPERTY EXPANDED COVERAGE

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

NUMBER	EDITION DATE	TITLE
CGDS01	0518	COMMERCIAL GENERAL LIABILITY DECLARATIONS
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0435	1207	EMPLOYEE BENEFITS LIABILITY COVERAGE
CG2003	1219	ADDITIONAL INSURED - CONCESSIONAIRES TRADING UNDER YOUR NAME
CG2004	1185	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2005	1219	ADDITIONAL INSURED - CONTROLLING INTEREST
CG2011	1219	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG2012	1219	ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS
CG2015	1219	ADDITIONAL INSURED - VENDORS
CG2018	1219	ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE OR RECEIVER

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Schedule of Forms and Endorsements** **Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C	**Billing Account No:** 6000015702	**Payment Plan:** Monthly (Paper Invoices)
Policy Period: From 12/12/2022 To 12/12/2023	At 12:01 A.M. standard time at your mailing address shown above	

CG2024	1219	ADDITIONAL INSURED - OWNERS OR OTHER INTERESTS FROM WHOM LAND HAS BEEN LEASED
CG2027	1219	ADDITIONAL INSURED - CO-OWNER OF INSURED PREMISES
CG2029	1219	ADDITIONAL INSURED - GRANTOR OF FRANCHISE
CG2034	1219	ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT - AUTOMATIC STATUS WHEN REQUIRED IN LEASE AGREEMENT WITH YOU
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2132	0509	COMMUNICABLE DISEASE EXCLUSION
CG2144	0417	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION
CG2147	1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2404	1219	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
CG2426	0413	AMENDMENT OF INSURED CONTRACT DEFINITION
CG2503	0509	DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT
CG2504	0509	DESIGNATED LOCATION(S) GENERAL AGGREGATE LIMIT
CGP018	0417	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION ENDORSEMENT ADVISORY NOTICE TO POLICYHOLDERS
CG4015	1219	CANNABIS EXCLUSION WITH HEMP EXCEPTION
CG7017	1298	EXCLUSION-ASBESTOS
CG7022	0518	VOLUNTARY PROPERTY DAMAGE
CG7023	0715	CARE CUSTODY OR CONTROL COVERAGE FORM
CG7164	0518	COMMERCIAL GENERAL LIABILITY EXPANDED
CG9909	1219	PREMIUM AUDIT NONCOMPLIANCE CHARGE
CG7183	0720	EXCLUSION ARTIFICIAL SUNTANNING FACILITIES OR DEVICES
CG3378	0510	COLORADO CHANGES - EMPLOYEE BENEFITS LIABILITY COVERAGE

FORMS THAT APPLY TO INLAND MARINE

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
CMDS73	0518	COMMERCIAL INLAND MARINE ACCOUNTS RECEIVABLE COVERAGE DECLARATIONS

WESTFIELD	**Westfield** One Park Circle, P.O. Box 5001 Westfield Center, OH 44251 800-243-0210 WestfieldInsurance.com	**Schedule of Forms and Endorsements Renewal**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	**Agency:** 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200

Policy Number: 195150C **Billing Account No:** 6000015702 **Payment Plan:** Monthly (Paper Invoices)

Policy Period: From 12/12/2022 To 12/12/2023 At 12:01 A.M. standard time at your mailing address shown above

CMDS86	0518	COMMERCIAL INLAND MARINE VALUABLE PAPERS AND RECORDS DECLARATIONS
CM0001	0904	COMMERCIAL INLAND MARINE CONDITIONS
CM0066	0113	ACCOUNTS RECEIVABLE COVERAGE FORM
CM0067	0113	VALUABLE PAPERS AND RECORDS COVERAGE FORM
CM9007	0720	CANNABIS EXCLUSION WITH HEMP EXCEPTION

FORMS THAT APPLY TO INLAND MARINE AAIS

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
IM7201	1002	COMPUTER COVERAGE
IM7206	0112	COMPUTER COVERAGE - SCHEDULE OF COVERAGES
IM7400	0811	FINE ARTS COVERAGE - FINE ARTS FLOATER
IM7405	0811	SCHEDULE OF COVERAGES - FINE ARTS FLOATER
IM7406	0811	FINE ARTS SCHEDULE - FINE ARTS FLOATER
IM7226	0112	FOREIGN TRANSIT AND LOCATION COVERAGE
IM7423	1112	DISHONEST ACTS EXCLUSION

FORMS THAT APPLY TO CRIME

NUMBER	EDITION DATE	TITLE
CRDS70	0518	COMMERCIAL PACKAGE POLICY COMMERCIAL CRIME & FIDELITY DECLARATIONS
CR0021	1115	COMMERCIAL CRIME COVERAGE FORM (LOSS SUSTAINED FORM)
CR2502	1010	INCLUDE DESIGNATED AGENTS AS EMPLOYEES
CR0160	0807	COLORADO CHANGES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CALCULATION OF PREMIUM

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

The following is added:

The premium shown in the Declarations was computed based on rates in effect at the time the policy was issued. On each renewal, continuation, or anniversary of the effective date of this policy, we will compute the premium in accordance with our rates and rules then in effect.

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COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
   a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
   b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
   a. Make inspections and surveys at any time;
   b. Give you reports on the conditions we find; and
   c. Recommend changes.
2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
   a. Are safe or healthful; or
   b. Comply with laws, regulations, codes or standards.
3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
STANDARD PROPERTY POLICY

A. Cap On Certified Terrorism Losses

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in accordance with the provisions of the federal Terrorism Risk Insurance Act, to be an act of terrorism pursuant to such Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of $5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed $100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds $100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

B. Application Of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

VALUE GUARD ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
BUSINESSOWNERS COVERAGE FORM
AGRICULTURAL OUTPUT PROGRAM

The Limit of Insurance shown in the Declarations for Building(s) may be increased at the beginning of each rating period based upon the change in construction costs for the area in which the building is located.

This endorsement changes
the policy
-- PLEASE READ THIS CAREFULLY --

VIRUS OR BACTERIA EXCLUSION

DEFINITIONS

Definitions Amended --

When "fungus" is a defined "term", the definition of "fungus" is amended to delete reference to a bacterium.

When "fungus or related perils" is a defined "term", the definition of "fungus or related perils" is amended to delete reference to a bacterium.

PERILS EXCLUDED

The additional exclusion set forth below applies to all coverages, coverage extensions, supplemental coverages, optional coverages, and endorsements that are provided by the policy to which this endorsement is attached, including, but not limited to, those that provide coverage for property, earnings, extra expense, or interruption by civil authority.

1. The following exclusion is added under Perils Excluded, item 1.:

   Virus or Bacteria --

   "We" do not pay for loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

   This exclusion applies to, but is not limited to, any loss, cost, or expense as a result of:

   a. any contamination by any virus, bacterium, or other microorganism; or

   b. any denial of access to property because of any virus, bacterium, or other microorganism.

2. Superseded Exclusions -- The Virus or Bacteria exclusion set forth by this endorsement supersedes the "terms" of any other exclusions referring to "pollutants" or to contamination with respect to any loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

OTHER CONDITIONS

Other Terms Remain in Effect --

The "terms" of this endorsement, whether or not applicable to any loss, cost, or expense, cannot be construed to provide coverage for a loss, cost, or expense that would otherwise be excluded under the policy to which this endorsement is attached.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES – CONCEALMENT, MISREPRESENTATION OR FRAUD

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART – FARM PROPERTY – OTHER FARM PROVISIONS FORM – ADDITIONAL COVERAGES, CONDITIONS, DEFINITIONS
FARM COVERAGE PART – LIVESTOCK COVERAGE FORM
FARM COVERAGE PART – MOBILE AGRICULTURAL MACHINERY AND EQUIPMENT COVERAGE FORM

The CONCEALMENT, MISREPRESENTATION OR FRAUD Condition is replaced by the following:

CONCEALMENT, MISREPRESENTATION OR FRAUD

We will not pay for any loss or damage in any case of:

1. Concealment or misrepresentation of a material fact; or
2. Fraud;

committed by you or any other insured ("insured") at any time and relating to coverage under this policy.