



RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
CONDOMINIUM PAC
BUSINESS: CONDO - 5-12 UN

POLICY NO.: 680-6772R692-15-42
ISSUE DATE: 05/29/2015

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:
RIDGWAY VILLAGE WEST HOA, INC
PO BOX 3071
TELLURIDE CO 81435

2. POLICY PERIOD: From 07/23/2015 to 07/23/2016 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:
PREM. BLDG. OCCUPANCY ADDRESS (same as Mailing Address
NO. NO. unless specified otherwise)

SEE IL TO 20 02 05

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES

COVERAGE PARTS AND SUPPLEMENTS INSURING COMPANY
Businessowners Coverage Part ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorse -
ments for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY POLICY NUMBER INSURING COMPANY

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium \$ 9,398.00
Due at Inception \$
Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

INS OF THE SAN JUANS CHC46
1825 E MAIN ST STE B

Authorized Representative

MONTROSE CO 81401

IL TO 25 08 01 (Page 1 of 01)

DATE: 05/29/2015

Office: DENVER CO DOWN



One Tower Square, Hartford, Connecticut 06183

BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: 680-6772R692-15-42

ISSUE DATE: 05/29/2015

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:

From 07-23-15 to 07-23-16 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE	
General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 5,000 per occurrence.
 Building Glass: \$ 250 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,278,045	RCP*	N/A	0.0%
*Replacement Cost Plus				

PREMISES LOCATION NO.: 001

BUILDING NO.: 002

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,278,045	RCP*	N/A	0.0%
*Replacement Cost Plus				

PREMISES LOCATION NO.: 001

BUILDING NO.: 003

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,278,045	RCP*	N/A	0.0%
*Replacement Cost Plus				

PREMISES LOCATION NO.: 001

BUILDING NO.: 004

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,278,045	RCP*	N/A	0.0%
*Replacement Cost Plus				

PREMISES LOCATION NO.: 001

BUILDING NO.: 005

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,278,045	RCP*	N/A	0.0%
*Replacement Cost Plus				

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.