

054-309

ELLA WASHINGTON AGENCY, INC.

6525 GUNPARK DR STE 360

BOULDER CO 80301-3346

054-309

ELLA WASHINGTON AGENCY, INC.

6525 GUNPARK DR STE 360

BOULDER CO 80301-3346





054-309

CENTER GREEN HEIGHTS PARK HOA
C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT CO 80503-6442



+0000032 054-309

CENTER GREEN HEIGHTS PARK HOA
C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT CO 80503-6442



BUSINESS KEY POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group



THIS POLICY CONSISTS OF:**- DECLARATIONS****- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:**

- ONE OR MORE COVERAGE FORMS
- APPLICABLE FORMS AND ENDORSEMENTS

- COMMON POLICY CONDITIONS

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER	COMPANY CODE	CUSTOMER BILLING ACCOUNT
05 XV9282-01	0018-BLBK-CO	020-385-935 15

NAMED CENTER GREEN HEIGHTS PARK HOA
INSURED C/O ROBERT DREW PROPERTY MANAGEMENT
MAILING 905 LITTLE LEAF CT
ADDRESS LONGMONT CO 80503-6442

POLICY PERIOD FROM 05/05/2018 TO 05/05/2019
 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS 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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$364.00
TOTAL PREMIUM	\$364.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 00 00 05 17

AUTHORIZED
REPRESENTATIVE

Jack Schmidt
President

Rock
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 054-309
 ELLA WASHINGTON AGENCY, INC.
 6525 GUNPARK DR STE 360
 BOULDER CO 80301-3346

PAGE 01
BRANCH SRT 02-12
ENTRY DATE 02/06/2018



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMERCIAL GENERAL LIABILITY COVERAGE PART

DECLARATIONS

POLICY NUMBER

05 XV9282-01

COMPANY CODE

0018-BLBK-CO

NAMED CENTER GREEN HEIGHTS PARK HOA
INSURED C/O ROBERT DREW PROPERTY MANAGEMENT
MAILING 905 LITTLE LEAF CT
ADDRESS LONGMONT CO 80503-6442

LIMITS OF INSURANCE

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
EACH OCCURRENCE LIMIT	\$2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 **PREMISES** 001
 4810 KINGS RIDGE BLVD
 BOULDER BOULDER COUNTY CO 80301-2286

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	52 (007)	4.539	(A)	\$236.00	

A=EACH ONE

007=UNITS

APPLICABLE ENDORSEMENT CHARGES \$128.00

TOTAL ADVANCE PREMIUM \$364.00

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 75 01 15	CG 74 01 07 03	IL 00 21 07 02	IL 75 26 12 05	CG 00 01 12 07
IL 02 28 09 07	CG 21 47 12 07	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98
CG 21 96 03 05	CG 21 67 12 04	CG 77 14 04 02	CG 77 04 07 10	IL 09 85 01 15
IL 75 40 03 16	IL 01 25 11 13	CG 21 06 05 14		

AGENT 054-309
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PAGE 01
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ENTRY DATE 02/06/2018



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XV9282-01

COMPANY CODE
0018-BLBK-CO

AUTHORIZED
REPRESENTATIVE

Jack Schmidt
President

Reck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346

PAGE 02
BRANCH SRT 02-12
ENTRY DATE 02/06/2018



IL 01 25 11 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES – CIVIL UNION

This endorsement modifies insurance provided under the following:

**COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 ELECTRONIC DATA LIABILITY COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
 OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCT WITHDRAWAL COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
 UNDERGROUND STORAGE TANK POLICY**

A. The term "spouse" is replaced by the following:

Spouse or party to a civil union recognized under Colorado law.

B. Under the Commercial Automobile Coverage Part, the term "family member" is replaced by the following and supersedes any other provisions to the contrary:

"Family member" means a person related to:

1. The individual Named Insured by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of such Named Insured's household, including a ward or foster child;
2. The individual named in the Schedule by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of the individual's household, including a ward or foster child, if the Drive Other Car Coverage - Broadened Coverage For Named Individuals endorsement is attached.

C. With respect to coverage for the ownership, maintenance or use of "covered autos" provided under the Commercial Liability Umbrella Coverage Part, the term "family member" is replaced by the following:

"Family member" means a person related to you by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of your household, including a ward or foster child.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY – WITH LIMITED BODILY INJURY EXCEPTION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Exclusion 2.p. of **Section I – Coverage A – Bodily Injury And Property Damage Liability** is replaced by the following:

2. Exclusions

This insurance does not apply to:

p. Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability

Damages arising out of:

- (1)** Any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information; or
- (2)** The loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of that which is described in Paragraph **(1)** or **(2)** above.

However, unless Paragraph **(1)** above applies, this exclusion does not apply to damages because of "bodily injury".

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

B. The following is added to Paragraph **2. Exclusions** of **Section I – Coverage B – Personal And Advertising Injury Liability**:

2. Exclusions

This insurance does not apply to:

Access Or Disclosure Of Confidential Or Personal Information

"Personal and advertising injury" arising out of any access to or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information.

This exclusion applies even if damages are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by you or others arising out of any access to or disclosure of any person's or organization's confidential or personal information.



POLICY NUMBER: 05 XV9282-01

COMMERCIAL GENERAL LIABILITY
CG 74 01 07 03**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NON-OWNED
AUTO LIABILITY INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Insurance is provided only with respect to those coverages for which an entry is shown under Premium:

Coverage	Premium
Hired Auto Liability Insurance	\$ INCLUDED
Non-Owned Auto Liability Insurance	\$ INCLUDED

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Hired Auto Liability

The insurance provided under Coverage **A** – Bodily Injury And Property Damage Liability (Section **I** – Coverages) applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

B. Non-Owned Auto Liability

The insurance provided under Coverage **A** – Bodily Injury And Property Damage Liability (Section **I** – Coverages) applies to "bodily injury" or "property damage" arising out of the use of a "non-owned auto" by any person in the course of your business.

C. Changes In Exclusions

With respect to the insurance provided by this endorsement:

- Subparagraphs **b.**, **c.**, **e.**, **g.**, **h.**, **j.**, **k.**, **l.**, **m.** and **n.** of Paragraph **2.**, **Exclusions of Coverage A – Bodily Injury And Property Damage Liability** (Section **I** – Coverages) do not apply.
- The following exclusions are added to Paragraph **2.**, **Exclusions of Coverage A – Bodily Injury And Property Damage Liability** (Section **I** – Coverages):

This insurance does not apply to:

- "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:
 - That the insured would have in the absence of the contract or agreement; or
 - Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.
- "Bodily injury" to:
 - An "employee" of the insured arising out of and in the course of:
 - Employment by the insured; or
 - Performing duties related to the conduct of the insured's business; or

- The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **(1)** above.

This exclusion applies:

- Whether the insured may be liable as an employer or in any other capacity; and
- To any obligation to share damages with or repay someone else who must pay the damages because of the injury.

This exclusion does not apply to:

- Liability assumed by the insured under an "insured contract"; or
- "Bodily injury" to domestic "employees" not entitled to workers' compensation benefits.

c. "Property damage" to:

- Property owned or being transported by, or rented or loaned to the insured; or
- Property in the care, custody or control of the insured.

D. Who Is An Insured

For the purposes of this endorsement only, **Section II – Who Is An Insured** is replaced by the following:

- Each of the following is an insured under this insurance to the extent set forth below:
 - You.
 - Any other person using a "hired auto" with your permission.
 - With respect to a "non-owned auto", any partner or "executive officer" of yours, but only while such "non-owned auto" is being used in your business.
 - Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under Paragraphs **a.**, **b.** or **c.** above.
- None of the following is an insured:
 - Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-employee of such person injured in the course of employment;



- b. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;
- c. Any person while employed in or otherwise engaged in performing duties related to the conduct of an "auto business", other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
- e. Any person or organization with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

E. Limits Of Insurance

For the purposes of this endorsement only, **Section III – Limits Of Insurance** is replaced by the following:

Regardless of the number of "hired autos", "non-owned autos", insureds, premiums paid, claims made or vehicles involved in the "occurrence", the most we will pay for all damages resulting from any one "occurrence" is the Each Occurrence Limit shown in the Declarations.

F. Changes In Conditions

For the purposes of this endorsement only, Paragraph **4. Other Insurance of Section IV – Commercial General Liability Conditions** is replaced by the following:

This insurance is excess over any primary insurance covering the "hired auto" or "non-owned auto".

G. Additional Definitions

For the purposes of this endorsement only, the following definitions are added to the **Definitions** Section:

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers", or members of their households.
3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.



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

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.



Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.



NON-PROFIT DIRECTORS & OFFICERS LIABILITY POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy
Madison WI 53783-0001
(608) 249-2111

Member of American Family Insurance Group

NON-PROFIT DIRECTORS & OFFICERS LIABILITY POLICY

**THIS POLICY CONSISTS OF:
 DECLARATIONS
 POLICY
 FORMS AND ENDORSEMENTS APPLYING TO THIS POLICY**

QUICK REFERENCE

DECLARATIONS

- Named Organization
- Policy Period
- Form Of Business
- Business Description
- Limit Of Liability
- Retention Amounts
- Retroactive Date
- Pending Or Prior Litigation Date
- Extended Reporting Period
- Forms And Endorsements Applying To This Policy
- Total Premium

POLICY BOOKLET

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Section III - Exclusions	1
Section IV – Limit Of Liability And Retention	2
Section V - Defense And Settlement	3
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B Extended Reporting Period	
C. Assistance And Cooperation	
D. Subrogation	
E. Other Insurance	
F. Assignment	
G. Action Against Us	
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I. Changes In Exposure	
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ENDORSEMENTS

SPECIAL PROVISIONS FOR AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I. POLICYHOLDERS iii

IMPORTANT: This Quick Reference is not part of the Non-Profit Directors & Officers Liability Policy and does not provide coverage. Refer to the Non-Profit Directors & Officers Liability Policy itself for actual contractual provisions.

PLEASE READ THE POLICY CAREFULLY.

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001
NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY
DECLARATIONS

POLICY NUMBER
05XV928204

CUSTOMER BILLING ACCOUNT
020-385-935 15

NOTICE THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

NAMED ORGANIZATION CENTER GREEN HEIGHTS PARK HOMEOWNERS ASSOCIATION

MAILING ADDRESS C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT, CO 80503-6442

POLICY PERIOD FROM 05-05-2018 TO 05-05-2019
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION
BUSINESS DESCRIPTION Homeowners Association

LIMIT OF LIABILITY
Aggregate for Coverage **A, B and C, including "claims expenses"** \$1,000,000

RETENTION AMOUNTS
Coverage **A** (each claim) \$1000
Coverage **B** (each claim) \$1000
Coverage **C** (each claim) \$1000

RETROACTIVE DATE
THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE (Coverages **A** and **B**): 05-05-2015
RETROACTIVE DATE (Coverages **C**): 05-05-2015

PENDING OR PRIOR LITIGATION DATE
PENDING OR PRIOR DATE (Coverages **A** and **B**): 05-05-2015
PENDING OR PRIOR DATE (Coverages **C**): 05-05-2015

EXTENDED REPORTING PERIOD
ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

TOTAL DIRECTORS AND OFFICERS PREMIUM \$77.00
TOTAL ADVANCE PREMIUM \$125.00 MINIMUM

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 15	IL 75 26 12 05	NP 00 00 05 17
NP 00 01 12 05	NP 00 03 10 06	NP 02 28 11 13
NP 21 10 04 03	NP 21 12 04 03	NP 21 15 01 15
NP 28 02 04 03	NP 28 05 04 03	NP 71 02 12 05
NP 71 03 12 05	NP 71 04 12 05	NP 71 07 12 05

AUTHORIZED
REPRESENTATIVE

John Samuel
President

Dec
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER, CO 80301-3346

PHONE
303-530-3444

PAGE 01
BRANCH UNATRE RENW
ENTRY DATE 02-07-2018

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**COLORADO CHANGES**

This endorsement modifies insurance provided under the following:

EXECUTIVE LIABILITY COVERAGE PART
FIDUCIARY LIABILITY COVERAGE PART
FINANCIAL INSTITUTIONS EXECUTIVE LIABILITY COVERAGE PART
NOT-FOR-PROFIT MANAGEMENT LIABILITY COVERAGE PART

- A.** The term spouse is replaced by the following:
Spouse or party to a civil union recognized under Colorado law.
- B.** Paragraph **2.** of the **Cancellation** Common Policy Condition is replaced by the following:
- 2.** If this policy has been in effect for less than 60 days, we may cancel this policy by mailing or delivering to the "Named Organization" 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.
- C.** The following is added to the **Cancellation** Common Policy Conditions:
- 7. Cancellation Of Policies In Effect For 60 Days Or More**
- a.** If this policy has been in effect for 60 days or more, or is a renewal of a policy we issued, we may cancel this policy by mailing through first-class mail to the "Named Organization" written notice of cancellation:
 - (1)** Including the actual reason, at least 10 days before the effective date of cancellation, if we cancel for nonpayment of premium; or
 - (2)** At least 45 days before the effective date of cancellation if we cancel for any other reason.
 We may only cancel this policy based on one or more of the following reasons:
 - (1)** Nonpayment of premium;
 - (2)** A false statement knowingly made by the "insured's", "insured person's" or the "organization's" representative on the application for insurance; or
 - (3)** A substantial change in the exposure or risk other than that indicated in the application and underwritten as of the effective date of the policy unless the "Named Organization" has notified us of the change and we accept such change.
- D.** The following is added and supersedes any other provision to the contrary:
- NONRENEWAL**
- If we decide not to renew this policy, we will mail through first-class mail to the "Named Organization" shown in the Declarations written notice of the nonrenewal at least 45 days before the expiration date, or its anniversary date if it is a policy written for a term of more than one year or with no fixed expiration date.
- If notice is mailed, proof of mailing will be sufficient proof of notice.
- E.** The following condition is added:
- INCREASE IN PREMIUM OR DECREASE IN COVERAGE**
- We will not increase the premium unilaterally or decrease the coverage benefits on renewal of this policy unless we mail through first-class mail written notice of our intention, including the actual reason, to the "Named Organization's" last mailing address known to us, at least 45 days before the effective date.
- Any decrease in coverage during the policy term must be based on one or more of the following reasons:
- 1.** Nonpayment of premium;
 - 2.** A false statement knowingly made by the "insured's", "insured person's" or the "organization's" representative on the application for insurance; or
 - 3.** A substantial change in the exposure or risk other than that indicated in the application and underwritten as of the effective date of the policy unless the "Named Organization" has notified us of the change and we accept such change.
- If notice is mailed, proof of mailing will be sufficient proof of notice.

Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed

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Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

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Member of American Family Insurance Group



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- ONE OR MORE COVERAGE FORMS
- APPLICABLE FORMS AND ENDORSEMENTS

- COMMON POLICY CONDITIONS

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
05 XV9282-03

COMPANY CODE
0018-BLBK-CO

CUSTOMER BILLING ACCOUNT
020-385-935 15

NAMED INSURED MAILING ADDRESS
CENTER GREEN HEIGHTS PARK HOA
C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT CO 80503-6442

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12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS 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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM	
CRIME AND FIDELITY COVERAGE PART	\$100.00	MINIMUM
	TOTAL PREMIUM	
	\$100.00	

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 00 00 05 17

AUTHORIZED REPRESENTATIVE
John Schmalz
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346

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ENTRY DATE 02/06/2018





AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

**CRIME AND FIDELITY COVERAGE PART
DECLARATIONS**

POLICY NUMBER
05 XV9282-03

COMPANY CODE
0018-BLBK-CO

NAMED CENTER GREEN HEIGHTS PARK HOA
INSURED C/O ROBERT DREW PROPERTY MANAGEMENT
MAILING 905 LITTLE LEAF CT
ADDRESS LONGMONT CO 80503-6442

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

PLAN 1 COMMERCIAL CRIME - SEPARATE LIMITS OPTION

COVERAGE FORMS FORMING PART OF THIS COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	PREMIUM
EMPLOYEE THEFT (BLANKET)	\$5,000	\$1,000	\$23.00
FORGERY OR ALTERATION	\$5,000	\$1,000	\$6.00
INSIDE THE PREMISES - THEFT OF MONEY AND SECURITIES	\$5,000	\$1,000	\$11.00
OUTSIDE THE PREMISES	\$5,000	\$1,000	\$1.00
COMPUTER FRAUD	\$5,000	\$1,000	\$5.00
FUNDS TRANSFER FRAUD	\$5,000	\$1,000	\$2.00
INSIDE THE PREMISES - ROBBERY OR BURGLARY OF OTHER PROPERTY	\$5,000	\$1,000	\$20.00
	BALANCE TO MINIMUM		\$32.00
	TOTAL ADVANCE PREMIUM		\$100.00

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CR25090300	IL00171198	IL02280907	IL75261205	IL09350702
CR00210506	CR07510808	CR01601104	CR03041113	CR04060300

CANCELLATION OF PRIOR INSURANCE

By acceptance of this Policy you give us notice canceling prior policy or bond numbers:

NONE

NONE

The cancellation to be effective at the time this Coverage Part becomes effective.

AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346
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INSURED

Stock No. 07145



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

CRIME AND FIDELITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XV9282-03

COMPANY CODE
0018-BLBK-CO

AUTHORIZED
REPRESENTATIVE

Jack Schmidt
President

Reck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346
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**CRIME AND FIDELITY
CR 03 04 11 13**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**INCLUDE THE SPOUSE AND CHILDREN OF
BUILDING MANAGER, SUPERINTENDENT
OR JANITOR AS EMPLOYEES - COLORADO**

This endorsement modifies insurance provided under the following:

**COMMERCIAL CRIME COVERAGE
FORM COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY**

The definition of "employee" is amended to include the spouse or party to a civil union recognized under Colorado law, and the children over 18 years old who reside with any "employee" who is a building manager, superintendent or janitor.

Each such family is considered to be, collectively, one "employee" for the purposes of this insurance, except that the Termination As To Any Employee Condition applies individually to the spouse or party to a civil union recognized under Colorado law and children.





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

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.



Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.



054-309

ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346

054-309

ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346





054-309

CENTER GREEN HEIGHTS PARK HOMEOWNERS ASSOCIATION
C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT CO 80503-6442



+0000017 054-309

CENTER GREEN HEIGHTS PARK HOMEOWNERS ASSOCIATION
C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT CO 80503-6442



BUSINESS KEY POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group



THIS POLICY CONSISTS OF:**- DECLARATIONS****- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:**

- ONE OR MORE COVERAGE FORMS
- APPLICABLE FORMS AND ENDORSEMENTS

- COMMON POLICY CONDITIONS

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
05 XV9282-02

COMPANY CODE
0018-BLBK-CO

CUSTOMER BILLING ACCOUNT
020-385-935 15

NAMED INSURED MAILING ADDRESS
CENTER GREEN HEIGHTS PARK HOMEOWNERS ASSOCIATION
C/O ROBERT DREW PROPERTY MANAGEMENT
905 LITTLE LEAF CT
LONGMONT CO 80503-6442

POLICY PERIOD FROM 05/05/2018 TO 05/05/2019
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: HOMEOWNERS 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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

COMMERCIAL PROPERTY COVERAGE PART	PREMIUM	MINIMUM
	\$200.00	
	TOTAL PREMIUM	
	\$200.00	

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 00 00 05 17

AUTHORIZED REPRESENTATIVE
John Schmalz
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT



AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XV9282-02

COMPANY CODE
0018-BLBK-CO

NAMED CENTER GREEN HEIGHTS PARK HOMEOWNERS ASSOCIATION
INSURED C/O ROBERT DREW PROPERTY MANAGEMENT
MAILING 905 LITTLE LEAF CT
ADDRESS LONGMONT CO 80503-6442

COVERAGES PROVIDED

Insurance at the described premises applies only for coverages for which a Limit of Insurance is shown.

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 001
LOCATION 4810 KINGS RIDGE BLVD
BOULDER BOULDER COUNTY CO 80301-2286

OCCUPANCY TREES
CONSTRUCTION FRAME

COVERAGE OUTDOOR TREES, SHRUBS, AND PLANTS (RC)

LIMIT OF INSURANCE SEE CP 14 30

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM (RC) = REPLACEMENT COST	\$1,000	80%	\$88.00
		BALANCE TO MINIMUM	\$112.00
		TOTAL ADVANCE PREMIUM	\$200.00 MINIMUM

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

IL 00 17 11 98 CP 12 70 09 96 IL 02 28 09 07 IL 75 26 12 05 IL 09 35 07 02
CP 01 40 07 06 IL 09 85 01 15 CP 00 90 07 88 IL 09 53 01 15 CP 00 10 04 02
CP 14 30 10 00 CP 10 30 04 02

AUTHORIZED REPRESENTATIVE

Jack Sabomdel
President

Heck
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 054-309
ELLA WASHINGTON AGENCY, INC.
6525 GUNPARK DR STE 360
BOULDER CO 80301-3346

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POLICY NUMBER: 05 XV9282-02

COMMERCIAL PROPERTY
CP 14 30 10 00

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
OUTDOOR TREES, SHRUBS AND PLANTS**

This endorsement modifies insurance provided under the following:

- BUILDERS' RISK COVERAGE FORM
- BUILDING AND PERSONAL PROPERTY COVERAGE FORM
- CONDOMINIUM ASSOCIATION COVERAGE FORM
- CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
- STANDARD PROPERTY POLICY

SCHEDULE*								
Prem. No.	Bldg. No.	Limit of Insurance				Causes of Loss Form Applicable	Vehicle Exclusion	Additional Premium
		Each Tree	Each Shrub	Each Plant	All Items			
0001	001	\$2,000			\$10,000	SPECIAL FORM		INCLUDED

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

- A.** The following is added to **Covered Property:**
Outdoor trees, shrubs and plants at locations described in the Schedule.
- B.** The following is deleted from **Property Not Covered:**
"Trees, shrubs or plants"
- C.** The most we will pay for loss or damage to covered trees, shrubs and plants in any one occurrence is the Limit of Insurance for All Items, subject to the separate limit applicable to Each Tree, Shrub or Plant, shown in the Schedule.
- D.** Outdoor trees, shrubs and plants are subject to all applicable provisions of the Causes of Loss Form indicated in the

- Schedule, as well as to the following exclusions:
We will not pay for loss or damage to outdoor trees, shrubs or plants, caused by or resulting from any of the following:
1. Dampness or dryness of atmosphere;
 2. Changes in or extremes of temperature; or
 3. Rain, snow, ice or sleet.
- E.** If the Vehicle Exclusion option is designated in the Schedule by an "X," we will not pay for loss or damage caused by vehicles to outdoor trees, shrubs or plants.





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President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.

