



Billing Number: 0005264721
Policy Number: AM 9138839 09

COMMON POLICY DECLARATIONS

COUNTRY Mutual Insurance Company

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

Item 1. Named Insured and Mailing Address
LOCUST PARK VILLAGE CONDO
ASSOCIATION
2034 W 17TH ST
LOVELAND CO 80538-3567

Agent Name and Address
KISER BRYCE A
FORT COLLINS AGENCY
1075 W HORSETOOTH RD
FORT COLLINS CO 80526-0000

Agent No. 28659
Agent Phone No.: (970) 372-3061

Item 2. Policy Period From: 01-01-2022 To: 01-01-2023
at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description: CONDO ASSOCIATION
Form of Business: CORPORATION

Item 4. 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.

	Premium
BUSINESSOWNERS	\$ 14,913.00

TAX OR SURCHARGE	
Total Policy Premium / Total Advance Premium	\$ 14,913.00
Standard Payment Plan Charges	
Policy Grand Total	\$ 14,913.00
Payment Plan	Annual

If you wish to request a copy of your policy, contact your COUNTRY Financial® representative or call our Customer Service Center at 1-888-211-2555.

Item 5. Forms and Endorsements
Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Countersigned:
Date: 11-27-21

By: 
Authorized Representative

TO REPORT A CLAIM ANY TIME DAY OR NIGHT, CALL 1-866-COUNTRY.

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

AIL DS 03 03 20



Policy Number

AM 9138839 09

SCHEDULE OF LOCATIONS

COUNTRY Mutual Insurance Company

Named Insured LOCUST PARK VILLAGE CONDO

Effective Date: 01-01-22
12:01 A.M., Standard Time

Agent Name KISER BRYCE A

Agent No. 28659

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy
001	001	1619-1633 NORTH VAN BUREN ST, LOVELAND, CO 80538-3629	CONDO ASSOC
002	001	1938-1952 WEST 17TH ST, LOVELAND, CO 80538-3531	CONDO ASSOC
003	001	2030-2044 WEST 17TH ST, LOVELAND, CO 80538-3567	CONDO ASSOC
004	001	1619 NORTH VAN BUREN ST, LOVELAND, CO 80538-3629	COMMUNITY BLDG



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BUSINESSOWNERS POLICY DECLARATIONS
COUNTRY Mutual Insurance Company

Policy Period From: 01-01-2022 To: 01-01-2023 12:01 A.M. Standard Time

Named Insured: LOCUST PARK VILLAGE CONDO

Effective Date: 01-01-2022
 12:01 A.M., Standard Time

Representative Name: KISER BRYCE A

Representative No.: 28659

DESCRIBED PREMISES: See Schedule of Locations

Coverage is applicable only if an "X" is shown in the boxes below and / or a limit of insurance is shown.

POLICY COVERAGES: Limits of Insurance

Loc. No.	Bldg. No.	Coverage	Blanket #, if applicable	Limits of Insurance
001	001	Building		\$ 1,608,000
		Replacement Cost	Y	
		Actual Cash Value - Building Option	N	
		Automatic Increase - Building Limit	4 %	
		Business Personal Property		

MORTGAGE HOLDER NAME AND ADDRESS: See Schedule of Mortgagees

DEDUCTIBLES (Apply Per Location, Per Occurrence):

Property Ded: \$ 2,500	Optional Coverage Ded: \$ 500
Property Damage Liab Ded: \$ 2,500	Earthquake: %

OPTIONAL COVERAGES: Limits of Insurance

Employee Dishonesty	Per occurrence
Outdoor Signs	Per occurrence
Burglary and Robbery (Named Perils only)	Inside the Premises Outside the Premises
Money and Securities	Inside the Premises Outside the Premises
Coverage Extensions - Optional Higher Limits Accounts Receivable Valuable Papers and Records	
Additional Coverages - Optional Higher Limits Forgery and Alteration Business Income From Dependent Properties Business Income - Extended Number of Days for Ordinary Payroll Expenses Extended Business Income - Extended Number of Days	Extended No. of Days Extended No. of Days
Other (specify) - See Businessowners Optional Coverages Schedule	

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



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BUSINESSOWNERS POLICY DECLARATIONS
COUNTRY Mutual Insurance Company

1701 Towanda Ave., P.O. Box 2100, Bloomington Illinois 61702-2100

Policy Period From: 01-01-2022 To: 01-01-2023 12:01 A.M. Standard Time

Effective Date: 01-01-2022
12:01A.M. Standard Time

Insured Name and Address

LOCUST PARK VILLAGE CONDO

Agent Name KISER BRYCE A

Agent Number: 28659

OPTIONAL COVERAGES - OTHER

Loc. No.	Bldg. No.	Coverage	Limit of Insurance
		DIRECTORS & OFFICERS	\$1,000,000

This document is part of your policy. Please keep it with your other documents.

ABP DS 04 06 06

LIABILITY AND MEDICAL PAYMENTS

Except For Damage To Premises Rented To You, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

	Limits of Insurance	
Liability and Medical Expenses / General Aggregate	\$ 1,000,000 / \$ 2,000,000	
Medical Expenses	\$ 5,000	Per person
Products / Completed Operations / Aggregate	\$ 2,000,000	
Damage To Premises Rented To You	\$ 50,000	Any one fire or explosion
Tenants Liability		
Damage To Premises Rented To You (In Excess of \$50,000)		
Self-storage Facilities		
Customer Goods Legal Liability		Per occurrence
Sale and Disposal Liability		
Motels		
Liability For Guests' Property (Subject to Base Property Deductible)		Per guest
		Per occurrence
Liability For Guests' Property in Safe Deposit Boxes		Per occurrence

ANNUAL PREMIUM AUDITS

Policy Subject to Premium Audit: YES Liability Exposure Base: (Sales or Payroll)
 Subcontracted Work: (Cost)

FORMS AND ENDORSEMENTS See Schedule of Forms and Endorsements

BLANKET INSURANCE:

Blanket #	Type of Property	Limit of Insurance

Minimum Premium:	\$400.00
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Total BOP Premium / Total BOP Advance Premium	\$14,913.00
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Named Insured: LOCUST PARK VILLAGE CONDO

Effective Date: 01-01-2022
12:01A.M. Standard Time

Representative Name: KISER BRYCE A

Representative Number: 28659

DESCRIBED PREMISES:

See Schedule of Locations

Coverage is applicable only if an 'X' is shown in the boxes below and / or a limit of insurance is shown.

POLICY COVERAGES:

Limits of Insurance

Loc. No.	Bldg. No.	Coverage	Blanket #, if applicable	Limits of Insurance
002	001	Building		\$ 1,595,700
		Replacement Cost	Y	
		Actual Cash Value – Building Option	N	
		Automatic Increase – Building Limit	4 %	
		Business Personal Property		

MORTGAGE HOLDER NAME AND ADDRESS:

See Schedule of Mortgagees

DEDUCTIBLES (Apply Per Location, Per Occurrence):

Property Ded: \$ 2,500	Optional Coverage Ded: \$ 500
Property Damage Liab Ded: \$ 2,500	Earthquake: %

OPTIONAL COVERAGES:

Limits of Insurance

<input type="checkbox"/>	Outdoor Signs	Per occurrence
<input type="checkbox"/>	Burglary and Robbery (Named Perils Only)	Inside the Premises Outside the Premises
<input type="checkbox"/>	Money and Securities	Inside the Premises Outside the Premises
<input type="checkbox"/>	Coverage Extensions – Optional Higher Limits Accounts Receivable Valuable Papers and Records	
<input type="checkbox"/>	Additional Coverages – Optional Higher Limits Forgery and Alteration Business Income From Dependent Properties Business Income – Extended Number of Days for Ordinary Payroll Expenses Extended Business Income – Extended Number of Days	Extended No. Days Extended No. Days
<input type="checkbox"/>	Other (Specify) – See Businessowners Optional Coverages Schedule	

LIABILITY AND MEDICAL PAYMENTS

Except For Damage To Premises Rented To You, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II-Liability in the Businessowners Coverage Form and any attached endorsements.

Damage To Premises Rented To You (In Excess of \$50,000)

Self-storage Facilities	
Customer Goods Legal Liability	Per occurrence
Sale and Disposal Liability	
Motels	
Liability For Guests' Property (Subject to Base Property Deductible)	Per guest Per occurrence
Liability For Guests' Property in Safe Deposit Boxes	Per occurrence

ANNUAL PREMIUM AUDITS:

Policy is Subject to Premium Audit: Waived Liability Exposure Base: (Sales or Payroll)
Subcontracted Work: (Cost)

FORMS AND ENDORSEMENTS

See Schedule of Forms and Endorsements

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Representative Name: KISER BRYCE A

Representative Number: 28659

DESCRIBED PREMISES:

See Schedule of Locations

Coverage is applicable only if an "X" is shown in the boxes below and / or a limit of insurance is shown.

POLICY COVERAGES:

Limits of Insurance

Loc. No.	Bldg. No.	Coverage	Blanket #, if applicable	Limits of Insurance
003	001	Building		\$ 1,595,700
		Replacement Cost	Y	
		Actual Cash Value – Building Option	N	
		Automatic Increase – Building Limit	4 %	
		Business Personal Property		

MORTGAGE HOLDER NAME AND ADDRESS:

See Schedule of Mortgagees

DEDUCTIBLES (Apply Per Location, Per Occurrence):

Property Ded: \$ 2,500	Optional Coverage Ded: \$ 500
Property Damage Liab Ded: \$ 2,500	Earthquake: %

OPTIONAL COVERAGES:

Limits of Insurance

<input type="checkbox"/>	Outdoor Signs	Per occurrence
<input type="checkbox"/>	Burglary and Robbery (Named Perils Only)	Inside the Premises Outside the Premises
<input type="checkbox"/>	Money and Securities	Inside the Premises Outside the Premises
<input type="checkbox"/>	Coverage Extensions – Optional Higher Limits Accounts Receivable Valuable Papers and Records	
<input type="checkbox"/>	Additional Coverages – Optional Higher Limits Forgery and Alteration Business Income From Dependent Properties Business Income – Extended Number of Days for Ordinary Payroll Expenses Extended Business Income – Extended Number of Days	Extended No. Days Extended No. Days
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Damage To Premises Rented To You (In Excess of \$50,000)

Self-storage Facilities Customer Goods Legal Liability Sale and Disposal Liability	Per occurrence
Motels Liability For Guests' Property (Subject to Base Property Deductible)	Per guest Per occurrence
Liability For Guests' Property in Safe Deposit Boxes	Per occurrence

ANNUAL PREMIUM AUDITS:

Policy is Subject to Premium Audit: Waived Liability Exposure Base: (Sales or Payroll)
Subcontracted Work: (Cost)

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Representative Number: 28659

DESCRIBED PREMISES: See Schedule of Locations

Coverage is applicable only if an "X" is shown in the boxes below and / or a limit of insurance is shown.
POLICY COVERAGES: Limits of Insurance

Loc. No.	Bldg. No.	Coverage	Blanket #, if applicable	Limits of Insurance
004	001	Building		\$ 124,000
		Replacement Cost	Y	
		Actual Cash Value – Building Option	N	
		Automatic Increase – Building Limit	4 %	
		Business Personal Property		

MORTGAGE HOLDER NAME AND ADDRESS: See Schedule of Mortgagees

DEDUCTIBLES (Apply Per Location, Per Occurrence):

Property Ded: \$ 2,500	Optional Coverage Ded: \$ 500
Property Damage Liab Ded: \$ 2,500	Earthquake: %

OPTIONAL COVERAGES: Limits of Insurance

<input type="checkbox"/>	Outdoor Signs	Per occurrence
<input type="checkbox"/>	Burglary and Robbery (Named Perils Only)	Inside the Premises Outside the Premises
<input type="checkbox"/>	Money and Securities	Inside the Premises Outside the Premises
<input type="checkbox"/>	Coverage Extensions – Optional Higher Limits Accounts Receivable Valuable Papers and Records	
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Damage To Premises Rented To You (In Excess of \$50,000)

Self-storage Facilities
 Customer Goods Legal Liability Per occurrence
 Sale and Disposal Liability

Motels
 Liability For Guests' Property (Subject to Base Property Deductible) Per guest
 Liability For Guests' Property in Safe Deposit Boxes Per occurrence
 Per occurrence

ANNUAL PREMIUM AUDITS:

Policy is Subject to Premium Audit: Waived Liability Exposure Base: (Sales or Payroll)
 Subcontracted Work: (Cost)

FORMS AND ENDORSEMENTS See Schedule of Forms and Endorsements