



Berkshire Hathaway  
**GUARD** Insurance  
Companies

*Businessowner's  
Proposal of Insurance for . . .*

North Flats 2 Condominium Association  
2614 S Timberline Rd Unit 105 PMB 149  
Fort Collins, CO 80525

*Berkshire Hathaway*

*GUARD Insurance*

*Companies specialize*

*in providing*

*insurance coverage*

*to businesses.*

**Total Estimated Premium:** \$2,587.00

**Effective Date:** 09/10/2020 thru 09/10/2021

**Proposal Number:** NOBP195411

**Payment Terms:** 25% down payment, 3 quarterly  
installment(s)

*Presented by*

PREMIER GROUP INSURANCE

600 17th Street

Suite 1425N

Denver, CO 80202

720-457-1101



# Quick Facts

## Berkshire Hathaway GUARD Insurance Companies



About . . .

**BERKSHIRE  
HATHAWAY INC.**

### AA Rating

Standard & Poor's  
(as of 2017)

### Fortune 500 #2

(as of 2017)

### S&P 500

### Global 500 #8

(as of 2017)

### Chairman

Warren Buffett

### More About

Berkshire Hathaway – an international holding company with diverse interests that include insurance and reinsurance – is regularly recognized as one of the largest and strongest organizations in the world.



### Established:

1983

### Ultimate Parent:

Berkshire Hathaway Inc.

### Insurance Companies:

AmGUARD, EastGUARD, NorGUARD, and WestGUARD

### A.M. Best Company Rating:

A+ ("Superior"); Financial Size Category X

### CEO/President:

Sy Foguel, ACAS, FILAA

### Locations:

Home office in PA; eight satellite offices across the United States

### Specialty:

Commercial Property & Casualty accounts from a variety of classes

### Products:\*

We feature the following coverages that can be purchased separately or as part of a comprehensive multi-line solution:

- Workers' Compensation and Employer's Liability
- Businessowner's coverage (Property/Liability)
- Commercial Automobile
- Commercial Umbrella/Excess Liability
- Disability (NY only)
- Professional Liability
- Homeowners and Personal Umbrella

### Operating Area:

Nationwide for Workers' Compensation and Businessowner's Policies with complementary Commercial Auto and Professional Liability available in most states by the end of 2018. (Visit [www.guard.com](http://www.guard.com) for details.)

### Performance:

Combined loss and expense ratio (consistently under 100%) that outperforms our peer group

### Distribution Network:

Independent Insurance Agents throughout the country

### Number of Policies Issued (2017):

256,000

### Gross Written Premium (2017):

\$1.3 billion

### Services:

Full range of underwriting, loss control, billing, and claims value-added services provided that help policyholders realize the full benefit of their coverage . . . in the easiest possible way

*(Berkshire Hathaway GUARD has also been selected as a Workers' Compensation Servicing Carrier in eight states.)*

*\*Not all products are available in all states or through all subsidiaries.*



Berkshire Hathaway  
**GUARD** Insurance  
Companies

## Payment Terms:

Payment or draft information must be received by GUARD no later than 5 business days after inception. Always include your Proposal Number on all correspondence and checks.

## Payment Options:

- **CREDIT CARD:** Go to the Policyholder Service Center at [www.guard.com](http://www.guard.com) to register and make your payment OR call Customer Service at 1-800-673-2465. A fee may apply.
- **DIRECT DRAFT:** Complete the Authorization form (below) and fax to Accounting Services at 570-820-7968 OR make your Direct Draft payment from the Policyholder Service Center at [www.guard.com](http://www.guard.com). No Installment fee applies with ongoing Direct Draft payments.
- **e-CHECK:** Fax a copy of your completed check to 570-820-7968. MARK THE CHECK "FOR DRAFT," making sure not to obscure the routing number, account number, or payment amount.
- **TELEPHONE PAYMENT:** Call Customer Service at 1-800-673-2465.
- **MAIL PAYMENT:** Make check payable to Berkshire Hathaway GUARD Insurance Companies and include remittance voucher (below).

[See Direct Draft and Mailing Remittance Forms below.](#)

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## MAILING REMITTANCE SLIP

Customer Name: North Flats 2 Condominium Association

Agency Name: PREMIER GROUP INSURANCE

Proposal Number: NOBP195411

Total Premium: \$2,587.00

Down Payment Amount: \$646.75

Mail Payment To: Berkshire Hathaway GUARD Insurance Companies  
ATTN: Accounts Receivable  
P.O. Box A-H - 39 Public Square  
Wilkes-Barre, PA 18703-0020

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## Direct Draft Authorization:

I hereby authorize Berkshire Hathaway GUARD (WestGUARD Insurance) to initiate pre-authorized debit transfers on behalf of my business for (select one)  **one-time use**  **ongoing use**, based on the information outlined below:

Policy(ies): NOBP195411

If this authorization applies to multiple policies, list all. For each, include the policy # and/or type (i.e., Comp, etc.); also, indicate new or renewal.

Name of Policyholder: North Flats 2 Condominium Association

Bank Account #: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Name City State

Preferred Start Date: \_\_\_\_\_ Amount (if one-time Direct Draft): \_\_\_\_\_

Statement Delivery Preference:  Fax  E-mail  Mail Fax # or E-mail: \_\_\_\_\_

**(OPTIONAL) Attach a voided check to assist us in verifying your account information.**

Authorized Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.



**Attn: Accounting Services - P.O. Box A-H - Wilkes-Barre, PA 18703-0020 - FAX 570-820-7968**

# Proposal of Insurance

## North Flats 2 Condominium Association Prospect Number NOBP195411 for 09/10/2020 to 09/10/2021

PREMIER GROUP INSURANCE  
Steve Ehler - Denver, CO  
Phone Number: 720-457-1101  
Fax#: 866-948-8485

Classification Analyst: Teddy Mok  
Extension: 8622 / e-mail: SBUteam@GUARD.com  
Phone Number: 570-825-9900  
Fax Number: 570-820-7968

This quote will expire on 09/15/2020.

**Carrier:** AmGUARD Insurance Company  
**Type of Coverage:** Businessowner's  
**Payment Method:** Direct Bill

**Total Estimated Cost: \$2,587.00**

The portion of the Total Estimated Cost attributable to terrorism premium is \$ 12.00.

*(Direct billed policies will be charged a fee of \$7.00 per installment.)*

### Information Needed to Issue:

- \* A signed 1) ACORD application or 2) copy of the proposal is required prior to policy issuance.
- \* Under the Terrorism Risk Insurance Program Reauthorization Act, policyholders have the right to purchase coverage under this policy and must read, complete, and return the attached Policyholder Disclosure: Notice of Terrorism Insurance Coverage.

### Important Notes:

- \* This prospect is subject to inspection.
- \* A Direct Draft electronic fund transfer option is offered which requires no installment fees and no checks to be mailed. A sign-up sheet is enclosed and can alternatively be downloaded from our web site at www.guard.com or obtained by contacting Customer Service at 800-673-2465.
- \* If the insured cancels the policy, the final premium may be calculated on an other than pro rata basis. In that case, the amount of premium due to the insured will be 90% of the unearned premium and final premium will not be less than the full minimum premium.
- \* Please note that the coverages and limits offered on this Proposal of Insurance may be different from those originally selected on the application. Please review carefully.

## Proposal of Insurance for North Flats 2 Condominium Association (cont.)

*The next sections of this proposal list the various Property and Liability insurance coverages and limits included in this Businessowner's policy for the Total Estimated Cost shown above; some are automatically included while others reflect specific requests.*

### SECTION I: (Applies to All Locations)

**Headquarters State**

**Colorado**

<u>Coverage</u>	<u>Limit</u>
<b>Policy Limits</b>	
• Liability Limits	
• Liability & Medical Expenses - Each Occurrence	\$1,000,000
• General Aggregate	\$2,000,000
• Personal & Advertising Injury	Included
• Products & Completed Operations Aggregate	\$2,000,000
• Medical Expenses - Each Person	\$5,000
• Deductibles	
• Liability Property Damage Deductible	None
• Liability Deductible - Bodily Injury	None
<b>Damage To Premises Rented To You</b>	
• Limit	\$50,000
<b>Appurtenant Structures</b>	
• Limit	\$50,000 combined Building/BPP
<b>Blanket Additional Insured - Manager or Lessor of Premises, Grantor of Franchise, Lessors of Leased Equipment</b>	
• Coverage Description	Refer to Form BP 99 365
<b>Business Income &amp; Extra Expense</b>	
• Limit	Actual Loss Sustained up to 12 Months
<b>Condominiums, Co-ops, Associations - Directors and Officers Liability</b>	
• <b>Defense Expenses are Within the Limit of Liability</b>	
• Name of the Association	The North Flats 2 Condominium Association
• Annual Aggregate Limit of Insurance	\$100,000
• Deductible	\$5,000
• Retroactive Date	09/10/2020
• Pending or Prior Litigation Date	09/10/2020
<b>Electronic Data</b>	
• Limit	\$10,000
<b>Employee Dishonesty</b>	
• Limit	\$10,000
<b>Fire Department Service Charge</b>	
• Limit	\$25,000
<b>Fire Extinguisher Systems Recharge Expense</b>	
• Limit	\$5,000
<b>Forgery or Alteration</b>	
• Limit	\$10,000

## Proposal of Insurance for North Flats 2 Condominium Association (cont.)

<b>Fungi, Wet Rot, Dry Rot &amp; Bacteria (Mold)</b>	
• Property Limit	\$15,000
• Business Income/EE Number of Days	30
• Liability Coverage Option	Exclude Coverage
<b>Glass Expense</b>	
• Limit	Actual Loss Sustained
<b>Interruption of Computer Operations</b>	
• Limit	\$10,000
<b>Loss by Theft of furs, fur garments, garments trimmed with fur</b>	
• Limit	\$2,500
<b>Loss by Theft of jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals</b>	
• Limit	\$5,000
<b>Loss by Theft of patterns, dies, molds and forms</b>	
• Limit	\$2,500
<b>Money Orders and "Counterfeit Money"</b>	
• Limit	\$1,000
<b>Newly Acquired Or Constructed Property - Buildings</b>	
• Limit	25% of Building Limit/Not more than \$500,000/Bldg
<b>Newly Acquired Or Constructed Property - Business Personal Property</b>	
• Limit	\$250,000
<b>Personal Effects</b>	
• Limit	\$5,000
<b>Personal Property Off Premises</b>	
• Limit	\$10,000
<b>Pollutant Clean Up and Removal</b>	
• Limit	\$10,000
<b>Preservation of Property</b>	
• Limit	Within 30 Days
<b>Terrorism</b>	
• Certified Acts	Include Coverage

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## SECTION II: Location-Level Coverage

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# Proposal of Insurance for North Flats 2 Condominium Association (cont.)

**Location 001: 903 Blondel St, Fort Collins, CO 80524**

**Building 001: Condominium - Residential Condominium (Association risk only) - 6914501**

**Property Deductible: 10,000.00**  
**Wind/Hail Excluded: No**  
**Wind/Hail Deductible: 5.00%**  
**Building Group: Apartment**  
**Occupancy: Non-Owner Occupied Bldg.**  
**Construction Type: Frame**  
**Protection Class: 02**  
**BCEG: Ungraded**  
**Class Description: Condominium - Residential Condominium (Association risk only) (6914501)**

<u>Coverage</u>	<u>Limit</u>
<b>Accounts Receivable</b>	
• On-Premises Limit	\$25,000
• Off-Premises Limit	25,000
<b>Awnings Coverage</b>	
• Limit	\$2,500
<b>Building Coverage</b>	
• Limit	\$1,060,800
• Valuation	Replacement Cost
• Inflation Guard %	4
<b>Debris Removal</b>	
• Limit	25%/\$10,000
<b>Exclusion of Cosmetic Damage to Roof Coverings Caused by Hail</b>	
• Coverage	Refer to form BP 99 249
<b>Liability</b>	
• IMPORTANT NOTE	THIS COVERAGE IS RATED BASED ON AN ESTIMATE AND IS SUBJECT TO AUDIT
• IMPORTANT NOTE	THIS COVERAGE IS RATED BASED ON AN ESTIMATE AND IS SUBJECT TO AUDIT
• Limit	Included
<b>Ordinance or Law - Increased Cost Of Construction</b>	
• Limit	\$10,000
<b>Outdoor Property</b>	
• Limit	\$10,000
<b>Outdoor Signs - Optional Coverage</b>	
• Limit	\$5,000
<b>Valuable Papers and Records</b>	
• On-Premises Limit	\$25,000
• Off-Premises Limit	\$25,000

## Proposal of Insurance for North Flats 2 Condominium Association (cont.)

### **Policy Forms To Be Attached at Issuance**

<b>Form Number</b>	<b>Form Name</b>
BP WEL LET	Welcome Letter
IIT DS 01 05	Businessowners Policy Declarations
BP 00 03 01 10	Businessowners Coverage Form
BP IN 01 01 10	Businessowners Coverage Form Index
END SCHED	Schedule Of Forms And Endorsements
BP SMOKING	Apartment Building Smoking Flyer
IL 99 00 08 13	Authorization and Attestation
IL P 001 01 04	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholder
PN CO 01 07 15	Colorado Claims-made Coverages Disclosure Form
BP 99 CO 09 16	CO Policy Customizations
BP 01 81 03 15	Colorado Changes
BP 03 12 01 10	Windstorm or Hail Percentage Deductibles
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 05 01 07 02	Calculation Of Premium
BP 05 15 01 15	Disclosure Pursuant To Terrorism Risk Insurance Act
BP 05 23 01 15	Cap On Losses From Certified Acts Of Terrorism
BP 05 38 01 15	Exclusion Of Other Acts Of Terrorism Committed Outside The United States; Cap On Losses From Certified Acts Of Terrorism
BP 05 42 01 15	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism
BP 15 04 05 14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-related Liability - With Limited Bodily Injury Exception
BP 17 01 01 06	Condominium Association Coverage
BP 99 142 07 15	Colorado - Condominiums, Co-ops, Associations - Directors and Officers Liability Endorsement
BP 99 188 06 16	Deductible Endorsement - Property
BP 99 249 07 17	Exclusion of Cosmetic Damage to Roof Coverings Caused by Hail - Scheduled Buildings
BP 99 365 09 18	Blanket Additional Insured - Manager or Lessor of Premises, Grantor of Franchise, Lessors of Leased Equipment
BP 04 12 04 17	Limitation of Coverage to Designated Premises, Project or Operation
BP 99 09 01 10	Fungi or Bacteria Coverage Exclusion
BP 99 10 09 08	Exclusion - Liability for Hazards of Lead
PRIV POL	Privacy Policy

Name(s) -  
Location - XXX  
Building -



**Proposal of Insurance for North Flats 2 Condominium Association (cont.)**

**DISCLAIMER This proposal/quote is not a binder. The Total Estimated Cost is based upon information provided to date and is subject to change even after coverage has been bound, based upon availability of additional pricing or underwriting information or considerations and/or upon the results of loss control surveys and compliance with recommendations. This summary of policy coverages, premium, and limits is not an insurance policy. For further details about the coverage, please review the policy forms and declarations pages. In the event of a conflict, the terms stated in the insurance policy shall govern. Please be aware that this proposal encompasses only the coverages listed and that those coverages are subject to the final terms and conditions stated in the policy. Our only offer of insurance is stated by the terms of this proposal, which can only be changed by our issuance of a new proposal.**

Prospect Number: NOBP195411  
Electronically Signed 2020-09-09 21:40:59 UTC - 98.245.253.198

PROPOSAL-09-08-2020-06 Accepted by: CA  
AssureSign® 33aed6d16-22b6-4c0b-9d9f-ae31016110f9  
Electronically Signed (print name) 2020-09-09 21:41:05 UTC - 98.245.253.198

Prospect's Signature: Christophe Attard  
AssureSign® 82ee6028-8d4f-4777-8b3e-ae3101611101

Date: \_\_\_\_\_

Fax this signed proposal page to us at 570-820-7968 **9/9/2020**

**Your Business is Our Business** <sup>sm</sup>  
**You may call Customer Service at 1-800-673-2465**  
**- 24 hours a day, 7 days a week.**



**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism. As defined in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 and 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE**

<input type="checkbox"/>	I elect to purchase terrorism coverage for a prospective premium of \$ <u>12</u> .
<input type="checkbox"/>	I decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses arising from certified acts of terrorism. <b>Note:</b> In states where applicable, if you decline this offer, the premium for terrorism (fire only) coverage is \$ <u>please call for details</u> .

**Important Note: Your election or rejection shall apply to renewals unless you provide us with a signed Policyholder Disclosure form changing your election.**

Electronically Signed 2020-09-09 21:41:33 UTC - 98.245.253.198  
**Christophe Attard**  
AssureSign® 810c2443-0d0d-4c32-9130-ac3101611114

Policyholder/Applicant’s Name (Print)

NOBP195411

Policy Number

Electronically Signed 2020-09-09 21:41:43 UTC - 98.245.253.198  
**Christophe Attard**  
AssureSign® 4526c09f-c004-4698-937f-ac3101611119

Authorized Signature

9/9/2020

Date

AmGUARD • NorGUARD