



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

SureStepSM
Commercial Common Policy
Declarations
Amended

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:

Agency: 050065

Leisure Village Condo Association Inc
 2805 Leisure Dr Unit E
 Fort Collins, CO 80525-2193

IMA Select LLC
 1705 17th St Ste 100
 DENVER, CO 80202-1260
 Telephone: 303-534-4567

Policy Number: 279362C

Billing Account No: 6000064472

Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From 01/23/2024 To 01/23/2025

At 12:01 A.M. standard time at your mailing
 address shown above

Business Of Named Insured: Apartment House

Entity Of Named Insured: Corporation

Coverage and Premium Summary

Commercial Property Coverage Part	\$9,439.00
Commercial General Liability Coverage Part	\$652.00
Inland Marine Coverage Part	\$1.00
Inland Marine AAIS Coverage Part	Included
Crime And Fidelity Coverage Part	Included
Commercial Umbrella Coverage Part	\$606.00
SureStepSM Annual Premium	\$10,698.00
Colorado Hazard Mitigation Fee	\$2.00
Total Advance Annual Policy Premium	\$10,700.00

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.



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**Amended
 Common Policy Declarations**

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Effective 01/23/2024, this Common Policy Declarations amends all prior Common Policy declarations and endorsements as shown below.

THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

Commercial Property Coverage Part Endorsement	Additional	\$158.00
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Net Additional Premium	\$158.00
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** This Endorsement changes your policy. Please attach it to your original policy**



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Endorsement Summary

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THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

Effective Date

01/23/2024

Change property limits

Description

Change location 2 building limit to
 \$969,300

** This Endorsement changes your policy. Please attach it to your original policy**



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 1705 17th St Ste 100
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 Telephone: 303-534-4567

Policy Number: 279362C

Billing Account No: 6000064472

Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From: 01/23/2024 To: 01/23/2025

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	2801 Leisure Dr, Fort Collins, CO 80525-2191					
		Building	80%	\$2,500	Special - Incl Theft	\$1,276,528	\$3,143
		Replacement Cost					
		Agreed Value Expires	01/23/2025				
		Business Personal Property	80%	\$1,000	Special - Incl Theft	\$5,000	\$20
		Replacement Cost					
		Agreed Value Expires	01/23/2025				
		BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	12 Months Actual Loss Sustained	\$85
2	1	2803 Leisure Dr, Fort Collins, CO 80525-2192					
		Building	80%	\$2,500	Special - Incl Theft	\$969,300	\$2,832
		Replacement Cost					
		Agreed Value Expires	01/23/2025				
		Business Personal Property	80%	\$1,000	Special - Incl Theft	\$5,000	\$21



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Amended

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Agency: 050065

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 Fort Collins, CO 80525-2193

IMA Select LLC
 1705 17th St Ste 100
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 Telephone: 303-534-4567

Policy Number: 279362C

Billing Account No: 6000064472

Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From: 01/23/2024 To: 01/23/2025

At 12:01 A.M. standard time at your mailing address shown above.

Replacement Cost
 Agreed Value Expires 01/23/2025

BI & Extra Expense - Business Income Including Rental Value	Special - Incl Theft	12 Months Actual Loss Sustained	\$85
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3 1 2805 Leisure Dr, Fort Collins, CO 80525-2193

Building	80%	\$2,500	Special - Incl Theft	\$969,300	\$2,832
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Replacement Cost
 Agreed Value Expires 01/23/2025

Business Personal Property	80%	\$1,000	Special - Incl Theft	\$5,000	\$21
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Replacement Cost
 Agreed Value Expires 01/23/2025

BI & Extra Expense - Business Income Including Rental Value	Special - Incl Theft	12 Months Actual Loss Sustained	\$85
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Total Commercial Property Premium	\$9,124
Total Additional Coverages and Endorsements Premium	\$252
Total Terrorism Premium	\$63
Total Advance Annual Commercial Property Premium	\$9,439



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SureStepSM
Commercial Property Declarations
Amended

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Leisure Village Condo Association Inc 2805 Leisure Dr Unit E Fort Collins, CO 80525-2193	IMA Select LLC 1705 17th St Ste 100 DENVER, CO 80202-1260 Telephone: 303-534-4567	
Policy Number: 279362C	Billing Account No: 6000064472	Payment Plan: Monthly (Paper Invoices)
Policy Period: From: 01/23/2024 To: 01/23/2025	At 12:01 A.M. standard time at your mailing address shown above.	

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
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
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



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Commercial Property Declarations
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Named Insured and Mailing Address:	Agency: 050065	
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Policy Number: 279362C	Billing Account No: 6000064472	Payment Plan: Monthly (Paper Invoices)
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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
CP0405 - Ordinance Or Law Coverage	Included
CP7204 - Commercial Business Owners Property Extension Endorsement*	\$3
CP7205 - Business Income - Actual Loss Sustained Endorsement	Included
CP7181 - Commercial Property Expanded Coverage*	\$249
Total Additional Coverages and Endorsements Coverage Premium:	\$252

** All or part of the displayed premium is due to coverages/limits provided as part of the SureStepSM Program and may not be removed.*



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**Condominiums, Co-Ops,
 Associations - Directors and
 Officers Liability Declarations**
 Amended

Company Providing Coverage: Old Guard		
Named Insured and Mailing Address:	Agency: 050065	
Leisure Village Condo Association Inc 2805 Leisure Dr Unit E Fort Collins CO 80525-2193	1705 17th St Ste 100 DENVER CO 80202-1260 3035344567	
Policy Number: 279362C	Billing Account No: 6000064472	Payment Plan: Monthly (Paper Invoices)
Policy Period: From 01/23/2024 To 01/23/2025		At 12:01 A.M. standard time at your mailing address shown above

Limit Of Insurance:

Annual Aggregate Limit \$1,000,000

Deductible Amount \$1,000

Pending or Prior Litigation Date:

Retroactive Date: 01/01/2023

Condominiums, Co-Ops, Associations Directors and Officers Liability Class Code: 317-73140

**Total Advance Annual Condominiums, Co-Ops, Associations
 Directors and Officers Liability Premium \$191**

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Commercial Inland Marine
 Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company		
Named Insured And Mailing Address:	Agency: 050065	
Leisure Village Condo Association Inc 2805 Leisure Dr Unit E Fort Collins, CO 80525-2193	IMA Select LLC 1705 17th St Ste 100 DENVER, CO 80202-1260 Telephone: 303-534-4567	
Policy Number: 279362C	Billing Account Number: 6000064472	Payment Plan: Monthly (Paper Invoices)
Policy Period: From 01/23/2024 To 01/23/2025		At 12:01 A.M. standard time at your mailing address shown above

Coverage and Premium Schedule

Coverages	Premium
Accounts Receivable Coverage Form	\$1
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:	\$1

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Commercial Inland Marine
 Accounts Receivable Coverage
 Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company		
Named Insured and Mailing Address:	Agency: 050065	
Leisure Village Condo Association Inc 2805 Leisure Dr Unit E Fort Collins, CO 80525-2193	IMA Select LLC 1705 17th St Ste 100 DENVER, CO 80202-1260 Telephone: 303-534-4567	
Policy Number: 279362C	Billing Account No: 6000064472	Payment Plan: Monthly (Paper Invoices)
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Accounts Receivable Coverage

SCHEDULE OF LOCATIONS

Loc. No.	Address
1	2801 Leisure Dr, Fort Collins, CO 80525-2191
2	2803 Leisure Dr, Fort Collins, CO 80525-2192
3	2805 Leisure Dr, Fort Collins, CO 80525-2193

COVERED PROPERTY AND LIMITS OF INSURANCE

A.	Coverage Applicable At Your Premises	Limit of Insurance
	Loc No. 1	\$100,000
	Loc No. 2	\$100,000
	Loc No. 3	\$100,000
B.	Coverage Applicable Away From Your Premises	\$5,000

DESCRIPTION OF RECEPTACLES

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

The Coinsurance percentage is 80% unless otherwise stated:



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 Accounts Receivable Coverage
 Declarations
 Amended**

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RATES AND PREMIUM

A. Non-reporting Rate	Premium \$1
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 \$1

DUPLICATE RECORDS:

If this endorsement is attached, the following applies:

Percentage Duplicated: **0%**

Forms and Endorsements Applicable To This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Commercial Inland Marine
 Valuable Papers and Records
 Declarations
 Amended**

Company Providing Coverage: Old Guard Insurance Company

Named Insured and Mailing Address:		Agency: 050065
Leisure Village Condo Association Inc 2805 Leisure Dr Unit E, Fort Collins, CO, 80525-2193		IMA Select LLC 1705 17th St Ste 100 DENVER CO 80202-1260
Policy Number: 279362C	Billing Account No: 6000064472	Payment Plan: Monthly (Paper Invoices)
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Valuable Papers and Records Declarations Coverage

Effective Date: 01/23/2024

Premium For This Coverage Form: Included **Rate:**

Limit of Insurance

A. PROPERTY AT YOUR PREMISES

Address

2801 Leisure Dr, Fort Collins, CO 80525-2191

a. Specifically Described Property

b. All other Covered Property

\$100,000 Included with Expanded

2803 Leisure Dr, Fort Collins, CO 80525-2192

a. Specifically Described Property

b. All other Covered Property

\$100,000 Included with Expanded

2805 Leisure Dr, Fort Collins, CO 80525-2193

a. Specifically Described Property

b. All other Covered Property

B. PROPERTY AWAY FROM YOUR PREMISES

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated.

DESCRIPTION OF RECEPTACLES

Address	Manufacturer	Class	Label	Issuer
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Special Provisions (if any):



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**Commercial Liability Umbrella
 Coverage Declarations
 Amended**

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Policy Number: 279362C	Billing Account No: 6000064472	Payment Plan: Monthly (Paper Invoices)
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Limits Of Insurance	\$ 1,000,000	Each Occurrence Limit
	\$ 1,000,000	General Aggregate Limit
	\$ 1,000,000	Personal & Advertising
	\$ 0	Self-Insured Retention

Schedule Of Underlying Insurance

Type Of Coverage	Insurer	Policy Number	Limits Of Liability	Policy Period	
General Liability	Old Guard Insurance Company	279362C	General Aggregate	\$ 2,000,000	01/23/2024-01/23/2025
			Products/Completed Operations Aggregate	\$ 2,000,000	
			Personal and Advertising Injury	\$ 1,000,000	
			Each Occurrence	\$ 1,000,000	



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Policy Number: 279362C	Billing Account Number: 6000064472	Payment Plan: Monthly (Paper Invoices)
Policy Period: From: 01/23/2024 To: 01/23/2025 At 12:01 A.M. standard time at your mailing address shown above		

Total Commercial Liability Umbrella Annual Premium	\$606
Total Terrorism Premium	Included
Total Advance Annual Premium	\$606

Forms And Endorsements Applicable To This Coverage:

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SCHEDULE OF FORMS AND ENDORSEMENTS

The following forms have been added or amended:

FORMS THAT APPLY TO MULTIPLE COVERAGE PARTS

NUMBER	EDITION DATE	TITLE
ILDS01	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY DECLARATIONS
ILDS71	0518	AMENDED COMMON POLICY DECLARATIONS
ILDS72	0518	ENDORSEMENT SUMMARY
CL0700	1006	VIRUS OR BACTERIA EXCLUSION

FORMS THAT APPLY TO COMMERCIAL PROPERTY

NUMBER	EDITION DATE	TITLE
CPDS73	0518	COMMERCIAL PROPERTY DECLARATIONS

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

NUMBER	EDITION DATE	TITLE
CGDS80	0720	CONDOMINIUMS, CO-OPS, ASSOCIATIONS - DIRECTORS AND OFFICERS LIABILITY DECLARATIONS

FORMS THAT APPLY TO INLAND MARINE

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
CMDS73	0518	COMMERCIAL INLAND MARINE ACCOUNTS RECEIVABLE COVERAGE DECLARATIONS
CMDS86	0518	COMMERCIAL INLAND MARINE VALUABLE PAPERS AND RECORDS DECLARATIONS
CM9007	0720	CANNABIS EXCLUSION WITH HEMP EXCEPTION

FORMS THAT APPLY TO INLAND MARINE AAIS

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS



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FORMS THAT APPLY TO CRIME

NUMBER EDITION DATE TITLE

FORMS THAT APPLY TO COMMERCIAL UMBRELLA

NUMBER EDITION DATE TITLE

CUDS70 0518 COMMERCIAL LIABILITY UMBRELLA DECLARATIONS