



One Tower Square, Hartford, Connecticut 06183

COMMON POLICY DECLARATIONS  
CONDOMINIUM PAC  
BUSINESS: CONDO - 1-4 UNI

POLICY NO.: 680-1N075624-24-42  
ISSUE DATE: 12/01/2023

INSURING COMPANY:  
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

LAKEVIEW TERRACE CONDOMINIUM  
3150 LAKESIDE DR  
APT 101  
GRAND JUNCTION CO 81506-2836

2. POLICY PERIOD: From 01/26/2024 to 01/26/2025 12:01 A.M. Standard Time at your mailing address.

3. DESCRIPTION OF PREMISES:

PREM. LOC.	BLDG. NO.	OCCUPANCY	ADDRESS
001	ALL	4 BUILDINGS	(same as Mailing Address unless specified otherwise) 3146/3150/3154/3156 LAKESIDE DR GRAND JUNCTION CO 81506

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

COVERAGE PARTS and SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	ACJ
Directors & Officers Coverage Supplement	ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements 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
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DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	47,813.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

COUNTERSIGNED BY:

INTERMOUNTAIN WEST INS X4432  
3721 S 250 W STE 201

OGDEN UT 84405

Authorized Representative

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DATE: 12/01/2023

Office: ELMIRA NY SRV CTR DOWN





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**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

CONDOMINIUM PAC

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INSURING COMPANY:

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From 01-26-24 to 01-26-25 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)	\$	4,000,000
Products-completed Operations Aggregate Limit	\$	4,000,000
Personal and Advertising Injury Limit	\$	2,000,000
Each Occurrence Limit	\$	2,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

**BUSINESSOWNERS PROPERTY COVERAGE**

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 10,000 per occurrence.  
Building Glass: \$ 10,000 per occurrence.

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

Period of Restoration-Time Period: Immediately

ADDITIONAL COVERAGE:

Fine Arts: \$ 25,000

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**

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# BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 001

BUILDING NO.: ALL

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 13,231,377 Blanket Limit	RC*	N/A	0.0%
*Replacement Cost				
BUSINESS PERSONAL PROPERTY	\$ 13,704	RC*	N/A	0.0%
*Replacement Cost				
COVERAGE EXTENSIONS:				
Accounts Receivable	\$ 25,000			
Valuable Papers	\$ 25,000			

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