

POLICY NUMBER: 08-417884-01

BUSINESSOWNERS POLICY DECLARATIONS

Company Name: Western Community Insurance Company 275 Tierra Vista Drive, Pocatello, Idaho 83201
Producer Name: Jerry T Petersen 208-715-7111
Named Insured: Village Green Townhomes Owners Association, Inc. Chasewood Ammon Property Fund, LLC
Mailing Address: PO Box 2577 Idaho Falls, ID 83403-2577
Policy Period
From: 12/08/2025 To: 12/08/2026 At 12:01 AM* Standard Time at your mailing address shown above
*Exceptions: 12:00 PM in Michigan and North Carolina
Policy Issue Date: 11/17/2025

Premises Information				
Prem. No.	Bldg. No.	Premises Address:		
1	1	2881,2885, 2889, 2893, 2897 Sunburst Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #1		
2	1	2913, 2917, 2921, 2925, 2929 Sunburst Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #2		
3	1	2914, 2918, 2922, 2926, 2930 Sunburst Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #4		
4	1	2883, 2887, 2891, 2895, 2899 Homewood Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #5		
5	1	2915, 2919, 2923, 2927, 2931 Homewood Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #6		
6	1	1378, 1382, 1386, 1390, 1394, 1398 Pinecrest Trl, Ammon, ID 83406 : 6-Plex Townhouse Unit Building #7		
7	1	2953, 2957, 2963, 2967 Sunburst Drive, Ammon, ID 83406 : 4-Plex Townhouse Unit Building #8		
8	1	1379, 1383, 1387, 1391, 1395, 1399 Pinecrest Trl, Ammon, ID 83406 : 6-Plex Townhouse Unit Building #9		
9	1	1405, 1409, 1413, 1417, 1421, 1425 Pinecrest Trl, Ammon, ID 83406 : 6-Plex Townhouse Unit Building #10		
10	1	2977, 2983, 2987, 2991, 2997 Sunburst Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #11		
11	1	3005, 3011, 3015, 3021 Sunburst Dr, Ammon, ID 83406 : 4-Plex Townhouse Unit Building #12		
12	1	1380, 1386, 1388, 1392, 1396, 1400 Remington Trail, Ammon, ID 93406 : 6-Plex Townhouse Unit Building #13		
13	1	1406, 1410, 1414, 1418, 1422, 1426 Remington Trail, Ammon, ID 83406 : 6-Plex Townhouse Unit Building #14		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Mortgageholder Name: Mortgage Research Center LLC ISAOA </td> <td style="width: 50%; border: none; vertical-align: top;"> Mortgageholder Address: 1400 Forum Blvd Ste 18 Columbia MO 65203-1938 </td> </tr> </table>	Mortgageholder Name: Mortgage Research Center LLC ISAOA	Mortgageholder Address: 1400 Forum Blvd Ste 18 Columbia MO 65203-1938
Mortgageholder Name: Mortgage Research Center LLC ISAOA	Mortgageholder Address: 1400 Forum Blvd Ste 18 Columbia MO 65203-1938			
14	1	1381, 1385, 1389, 1393, 1397, 1401 Remington Trail, Ammon, ID 83406 : 6-Plex Townhouse Unit Building #15		
15	1	1407, 1411, 1415, 1419, 1423, 1427 Remington Trail, Ammon, ID 83406 : 6-Plex Townhouse Unit Building #16		
16	1	2882, 2886, 2890, 2894, 2898 Sunburst Drive, Ammon, ID 83406 : 5-Plex Townhouse Unit Building #3		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;">Mortgageholder Name:</td> <td style="width: 50%; border: none; vertical-align: top;">Mortgageholder Address:</td> </tr> </table>	Mortgageholder Name:	Mortgageholder Address:
Mortgageholder Name:	Mortgageholder Address:			

Premises Information

Prem. No.	Bldg. No.	Premises Address:	
		Summit Funding Inc ISAOA	PO Box 601780 Sacramento CA 95860-1780

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.

Description Of Business

Form Of Business:

- Individual Partnership Joint Venture Limited Liability Company Trust
 Organization, including a corporation (but not including a partnership, joint venture or limited liability company)

Business Description: Homeowners Association

SECTION I - PROPERTY

Property Coverage Limits Of Insurance						
Prem. No.	Bldg. No.	Type Of Property (Building or Business And Personal Property)	Actual Cash Value Of Bldg. Option (Yes Or No)	Automatic Increase Bldg. Limit (Percentage)**	Limit of Insurance*	Premium
1	1	Building	No	4%	\$ 365,581	\$ 568.00
2	1	Building	No	4%	\$ 365,581	\$ 568.00
3	1	Building	No	4%	\$ 365,581	\$ 568.00
4	1	Building	No	4%	\$ 365,581	\$ 568.00
5	1	Building	No	4%	\$ 365,581	\$ 568.00
6	1	Building	No	4%	\$ 449,946	\$ 676.00
7	1	Building	No	4%	\$ 292,465	\$ 472.00
8	1	Building	No	4%	\$ 449,946	\$ 676.00
9	1	Building	No	4%	\$ 449,946	\$ 676.00
10	1	Building	No	4%	\$ 365,581	\$ 568.00
11	1	Building	No	4%	\$ 292,465	\$ 472.00
12	1	Building	No	4%	\$ 449,946	\$ 676.00
13	1	Building	No	4%	\$ 449,946	\$ 676.00
14	1	Building	No	4%	\$ 449,946	\$ 676.00
15	1	Building	No	4%	\$ 449,946	\$ 676.00
16	1	Building	No	4%	\$ 365,581	\$ 568.00

* Includes Automatic Increase Building Limit Percentage
 ** This percentage can only vary by premises, not by building

Deductibles (Apply Per Occurrence)		
Prem. No.	Property Deductible	Optional Coverage (Other Than Equipment Breakdown Enhancement Coverage) Deductible
1	\$ 2,500	\$ 500
2	\$ 2,500	\$ 500
3	\$ 2,500	\$ 500
4	\$ 2,500	\$ 500
5	\$ 2,500	\$ 500
6	\$ 2,500	\$ 500
7	\$ 2,500	\$ 500
8	\$ 2,500	\$ 500
9	\$ 2,500	\$ 500
10	\$ 2,500	\$ 500
11	\$ 2,500	\$ 500
12	\$ 2,500	\$ 500
13	\$ 2,500	\$ 500
14	\$ 2,500	\$ 500
15	\$ 2,500	\$ 500
16	\$ 2,500	\$ 500

Equipment Breakdown Enhancement Coverage Deductibles (Apply Per Occurrence)

Prem. No.	Bldg. No.	Deductible	Premium
1	1	\$ 2500	\$ 58.00
2	1	\$ 2500	\$ 58.00
3	1	\$ 2500	\$ 58.00
4	1	\$ 2500	\$ 58.00
5	1	\$ 2500	\$ 58.00
6	1	\$ 2500	\$ 72.00
7	1	\$ 2500	\$ 47.00
8	1	\$ 2500	\$ 72.00
9	1	\$ 2500	\$ 72.00
10	1	\$ 2500	\$ 58.00
11	1	\$ 2500	\$ 47.00
12	1	\$ 2500	\$ 72.00
13	1	\$ 2500	\$ 72.00
14	1	\$ 2500	\$ 72.00
15	1	\$ 2500	\$ 72.00
16	1	\$ 2500	\$ 58.00

Additional Coverages - Optional Higher Limits/Extended Number of Days (Per Policy)

Coverage	Limit Of Insurance/ Extended Number of Days	Premium
----------	--	---------

Coverage Extension - Optional Higher Limits (Per Classification)

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Premium
-----------	-----------	----------	--------------------	---------

Optional Coverages (Applicable only if an "X" is shown in the boxes below)

Endorsements Applicable Per Policy

Endorsement Number	Endorsement Title	Premium
BP 00 03 01 10	Businessowners Coverage Form	Included
BP 06 01 01 07	Exclusion - Virus or Bacteria	Included
BP 17 01 01 06	Condominium Association Coverage	Included
BP 01 83 11 06	Idaho Changes	Included
IDBP 31 0001 08 12	Named Insured Endorsement	Included
IDBP 31 0002 08 12	Pollutants Definition Endorsement	Included
IDCW 31 0001 04 13	Premium Rounding and Waiver Endorsement	Included
ILP 0 01 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC")	Included
BP 05 26 01 15	Exclusion - Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism	Included
IDBP 31 1002 08 12	Equipment Breakdown Enhancement Endorsement	Included

Endorsements Applicable Per Classification

Endorsement Number	Class Code	Endorsement Title	Premium
--------------------	------------	-------------------	---------

Endorsements Applicable Per Premises

Prem. No.	Endorsement Number	Endorsement Title	Premium

Endorsements Applicable To Specific Buildings

Prem. No.	Bldg. No.	Endorsement Number	Endorsement Title	Premium
1	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
2	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
3	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
4	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
5	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
6	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
7	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
8	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
9	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
10	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
11	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
12	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
13	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
14	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
15	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00
16	1	BP 07 75 01 10	Apartment Buildings	\$ 104.00

SECTION II - LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the Businessowners Coverage Form and any attached endorsements.

Coverage	Limit of Insurance		Premium
Liability And Medical Expenses	\$ 2,000,000	Per Occurrence	See Below
Medical Expenses	\$ 10,000	Per Person	\$ 23.00
Damage to Premises Rented To You	\$ 100,000	Any One Premises	\$ 5.00
Other Than Products/Completed Operations Aggregate	\$ 4,000,000		
Products/Completed Operations Aggregate	\$ 4,000,000		

Deductible
Optional Property Damage Liability Deductible: Declined
<input type="checkbox"/> Per Occurrence (Refer to BP 07 04)

Liability Information			
Prem. No.	Bldg. No.	Premises Address:	Premium
1	1	2881,2885, 2889, 2893, 2897 Sunburst Drive, Ammon, ID 83406	\$ 74.00
2	1	2913, 2917, 2921, 2925, 2929 Sunburst Drive, Ammon, ID 83406	\$ 74.00
3	1	2914, 2918, 2922, 2926, 2930 Sunburst Drive, Ammon, ID 83406	\$ 74.00
4	1	2883, 2887, 2891, 2895, 2899 Homewood Drive, Ammon, ID 83406	\$ 74.00
5	1	2915, 2919, 2923, 2927, 2931 Homewood Drive, Ammon, ID 83406	\$ 74.00
6	1	1378, 1382, 1386, 1390, 1394, 1398 Pinecrest Trl, Ammon, ID 83406	\$ 91.00
7	1	2953, 2957, 2963, 2967 Sunburst Drive, Ammon, ID 83406	\$ 59.00
8	1	1379, 1383, 1387, 1391, 1395, 1399 Pinecrest Trl, Ammon, ID 83406	\$ 91.00
9	1	1405, 1409, 1413, 1417, 1421, 1425 Pinecrest Trl, Ammon, ID 83406	\$ 91.00
10	1	2977, 2983, 2987, 2991, 2997 Sunburst Drive, Ammon, ID 83406	\$ 74.00
11	1	3005, 3011, 3015, 3021 Sunburst Dr, Ammon, ID 83406	\$ 59.00
12	1	1380, 1386, 1388, 1392, 1396, 1400 Remington Trail, Ammon, ID 93406	\$ 91.00
13	1	1406, 1410, 1414, 1418, 1422, 1426 Remington Trail, Ammon, ID 83406	\$ 91.00
14	1	1381, 1385, 1389, 1393, 1397, 1401 Remington Trail, Ammon, ID 83406	\$ 91.00
15	1	1407, 1411, 1415, 1419, 1423, 1427 Remington Trail, Ammon, ID 83406	\$ 91.00
16	1	2882, 2886, 2890, 2894, 2898 Sunburst Drive, Ammon, ID 83406	\$ 74.00

Endorsements Applicable Per Policy		
Endorsement Number	Endorsement Title	Premium
BP 00 03 01 10	Businessowners Coverage Form	Included
IDBP 31 2005 09 18	Employment Practices Liability Insurance	\$ 143.00
IDBP 31 2001 08 12	Affiliate and Subsidiary Definition Endorsement	Included
BP 05 98 01 06	Amendment of Insured Contract Definition	Included
BP 17 01 01 06	Condominium Association Coverage	Included
BP 01 83 11 06	Idaho Changes	Included
IDBP 31 2004 08 12	Mobile Equipment Modification Endorsement	Included
IDBP 31 0001 08 12	Named Insured Endorsement	Included
IDBP 31 0002 08 12	Pollutants Definition Endorsement	Included
IDCW 31 0001 04 13	Premium Rounding and Waiver Endorsement	Included

Includes copyrighted material of Insurance Services Office, Inc., with its permission

Policy Number: 08-417884-01
Date Printed: 11/17/2025
IDBP 03 0001 08 16

Endorsements Applicable Per Policy		
Endorsement Number	Endorsement Title	Premium
ILP 0 01 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC")	Included
BP 04 39 07 02	Abuse or Molestation Exclusion	Included
BP 05 26 01 15	Exclusion - Certified Acts of Terrorism Involving Nuclear, Biological, Chemical or Radiological Terrorism	Included
BP 05 17 01 06	Exclusion - Silica or Silica-Related Dust	Included
BP 10 05 07 02	Exclusion - Year 2000 Computer-Related and Other Electronic Problems	Included
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)	Included
BP 15 05 05 14	Access Or Disclosure of Confidential	Included
BP 15 11 12 16	Exclusion - Unmanned Aircraft	Included

Endorsements Applicable Per Classification			
Endorsement Number	Class Code	Endorsement Title	Premium

Endorsements Applicable Per Premises			
Prem. No.	Endorsement Number	Endorsement Title	Premium

Endorsements Applicable To Specific Buildings				
Prem. No.	Bldg. No.	Endorsement Number	Endorsement Title	Premium
1	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
2	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
3	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
4	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
5	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
6	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
7	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
8	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
9	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
10	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
11	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
12	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
13	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
14	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
15	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00
16	1	BP 07 75 01 10	Apartment Buildings	\$ 26.00

The Total Annual Premium is \$ 14,180.00

Subject to Premium Audit: Yes No

Countersignature Of Authorized Representative

Name: Chuck McDaniel

Title: Authorized Representative

Signature: *Chuck McDaniel*

Date: 11/17/2025

THE INSURANCE PROVIDED BY THESE DECLARATIONS SUPERSEDES AND REPLACES ALL INSURANCE PREVIOUSLY AFFORDED BY THIS POLICY.