

CHANGE ENDORSEMENT**INSURING COMPANY:****FIDELITY AND GUARANTY INSURANCE COMPANY****Named Insured:** SUGAR MILL HOA LLC**Policy Number:** BIP-9X362494-25-42**Policy Effective Date:** 03/05/2025**Policy Expiration Date:** 03/05/2026**Issue Date:** 12/12/2025**ADDITIONAL Premium \$** 610.00

Effective from 12/10/25 at the time of day the policy becomes effective.

THIS INSURANCE IS AMENDED AS FOLLOWS:**Common Declarations - Changed**

On the Common Policy Declarations, Description of Premises is added. Refer to Common Policy Declarations page attached.

Property - Added

On the Travelers Property Coverage Part Declarations, Building Limits of Insurance is/are added. Refer to Declarations page attached.

Under the Under the Travelers Property Coverage Part, Equipment Breakdown coverage is added. Refer to form(s) attached.

Under the Travelers Property Coverage Part, Wind/Hail Deductible coverage is added. Refer to form(s) attached.

General Liability - Added

Under the Commercial General Liability Coverage Part, XTEND Broad coverage is added. Refer to form(s) attached.

General Liability - Changed

On the Declarations Premium Schedule, Premium Base/Exposure is changed. Refer to form(s) attached.

Rates and/or premiums have been changed to reflect a change in the exposure and/or rating procedure.

Forms - Added

The following forms and/or endorsements is/are included with this change. These forms are added to forms already existing on the policy:

IL T0 07 09 87

NAME AND ADDRESS OF AGENT OR BROKER**TOWER INSURANCE BKRS LLC
3725 WOODKING DR****Countersigned by****IDAHO FALLS****ID 834044720****Authorized Representative****DATE: 12/12/2025**

CHANGE ENDORSEMENT

Policy Number: BIP-9X362494-25-42
Policy Effective Date: 03/05/2025
Policy Expiration Date: 03/05/2026
Issue Date: 12/12/2025

Forms - Changed

The following forms and/or endorsements is/are included with this change. These forms replace forms already existing on the policy:

CG T0 07 04 09
IL T0 20 02 05
IL T4 23 07 18
TP T0 01 07 18
TP T3 79 07 18

Rates and/or Premiums - Changed

Rates and/or premiums have been changed to reflect a change in the exposure and/or rating procedure.

COMMON POLICY DECLARATIONS

POLICY NO.: BIP-9X362494-25-42
ISSUE DATE: 12/12/2025

BUSINESS: Residential Con**INSURING COMPANY:** FIDELITY AND GUARANTY INSURANCE COMPANY**1. NAMED INSURED AND MAILING ADDRESS:**

SUGAR MILL HOA LLC
3924 E 144 N
RIGBY ID 83442-5895

2. POLICY PERIOD: From 03/05/2025 to 03/05/2026 12:01 A.M. Standard Time at your mailing address.**3. DESCRIPTION OF PREMISES:**

PREM. BLDG. OCCUPANCY
LOC.NO. NO.

ADDRESS
(same as Mailing Address unless specified otherwise)

SEE IL T0 20 02 05

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

COVERAGE PARTS and SUPPLEMENTS
Travelers Property Coverage Part
Commercial General Liability Coverage Part

INSURING COMPANY
SFG
SFG

Directors & Officers Coverage Supplement

SFG

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
DIRECT BILL		

7. PREMIUM SUMMARY:

Provisional Premium	\$	10,322.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER
TOWER INSURANCE BKRS LLC DFR91
3725 WOODKING DR
IDAHO FALLS

COUNTERSIGNED BY:

ID 834044720

Authorized Representative
12/12/2025
DATE: _____



One Tower Square, Hartford, Connecticut 06183

**TRAVELERS PROPERTY
COVERAGE PART DECLARATIONS**

**POLICY NO.: BIP-9X362494-25-42
ISSUE DATE: 12/12/2025**

INSURING COMPANY: FIDELITY AND GUARANTY INSURANCE COMPANY

FORM OF BUSINESS: LIMITED LIABILITY COMPANY

DECLARATIONS PERIOD: From 03-05-25 to 03-05-26 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

TRAVELERS PROPERTY COVERAGE PART

The Travelers Property Coverage Part consists of these Declarations and the attached Supplemental Declaration(s), Schedule(s), Table of Contents, Commercial Property Conditions, the Coverage Form(s), and endorsements.

1. COVERAGE: Insurance applies only to premises location(s) and building number(s) shown in the Supplemental Declarations. Unless otherwise provided under TP T3 80 Travelers Property Specific Limits Endorsement, the Supplemental Declarations will show coverage(s), optional coverage(s) and applicable Limits of Insurance that apply to such premises location(s) and building number(s).

If a specified limit of insurance is shown below for:

- a. Tenant Improvements and Betterments;
- b. Stock; or
- c. Personal Property of Others;

then that limit is not included in the Business Personal Property Limit of Insurance.

If *Not Covered* is shown for Stock or Personal Property of Others, then that property is not covered under Business Personal Property for that premises location and building number.

TRAVELERS PROPERTY COVERAGE FORM:

2. ADDITIONAL COVERAGES & COVERAGE EXTENSIONS

The following Additional Coverages and Coverage Extensions are provided under the Coverage Form listed above for the Limits of Insurance shown. These Limits of Insurance apply in any one occurrence unless otherwise stated.

Some Additional Coverages and Coverage Extensions or the applicable Limits of Insurance may be modified by endorsement(s) attached to this policy. There may also be other Additional Coverages or Coverage Extensions within your policy. Please read it carefully.

Additional Coverages	Limits Of Insurance
Limited Coverage Fungus, Wet Rot or Dry Rot	\$ 15,000

3. DEDUCTIBLE: The following deductible applies unless a different or more specific deductible is indicated within this Declarations or by endorsement.

\$ 1,000 per occurrence



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TRAVELERS PROPERTY
COVERAGE PART DECLARATIONS

POLICY NO.: BIP-9X362494-25-42
ISSUE DATE: 12/12/2025

BUILDING GLASS DEDUCTIBLE
\$ 1,000 per occurrence

BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM:

If a time period or dollar limit is shown below for the Business Income (And Extra Expense) Coverage Form or Extra Expense Coverage Form, the applicable Blanket Limit applies to all premises location(s) and building number(s), unless *Not Covered* is shown for a premises location(s) or a specific Business Income (And Extra Expense) or Extra Expense Coverage Form limit is shown for a premises location(s) and building number(s) in the Supplemental Declarations or Travelers Property Specific Limits Endorsement (TP T3 80).

BUSINESS INCOME (AND EXTRA EXPENSE) BLANKET LIMIT

Actual Loss Sustained 12 consecutive months

Rental Value: Include

Ordinary Payroll: Include

Period of Restoration - Time Period: Immediately

Extended Business Income: 60 days

Dependent Properties - within coverage territory \$ 10,000

Dependent Properties - outside coverage territory *Not Covered*

Interruption of Computer Operations \$ 25,000

Supplemental Declarations

PREMISES LOCATION NO.: 001

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 802,500	RC*	N/A	0.0%

*Replacement Cost

PREMISES LOCATION NO.: 002

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,155,600	RC*	N/A	0.0%

*Replacement Cost



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TRAVELERS PROPERTY
COVERAGE PART DECLARATIONS

POLICY NO.: BIP-9X362494-25-42
ISSUE DATE: 12/12/2025

PREMISES LOCATION NO.: 003

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 802,500	RC*	N/A	0.0%

*Replacement Cost

PREMISES LOCATION NO.: 004

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,155,600	RC*	N/A	0.0%

*Replacement Cost

PREMISES LOCATION NO.: 005

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,155,600	RC*	N/A	0.0%

*Replacement Cost

PREMISES LOCATION NO.: 006

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,155,600	RC*	N/A	0.0%

*Replacement Cost

PREMISES LOCATION NO.: 007

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,155,600	RC*	N/A	0.0%

*Replacement Cost



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TRAVELERS PROPERTY
COVERAGE PART DECLARATIONS

POLICY NO.: BIP-9X362494-25-42
ISSUE DATE: 12/12/2025

PREMISES LOCATION NO.: 008

BUILDING NO.: 001

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 802,500	RC*	N/A	0.0%

*Replacement Cost

POLICY NUMBER: BIP-9X362494-25-42
EFFECTIVE DATE: 03/05/2025
ISSUE DATE: 12/12/2025

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS
BY LINE OF BUSINESS

*	IL T0 07 09 87	CHANGE ENDORSEMENT
*	IL T4 23 07 18	COMMON POLICY DECLARATIONS
*	TP T0 01 07 18	TRAVELERS PROPERTY COVERAGE PART DECLARATIONS
*	IL T8 01 01 01	FORMS ENDORSEMENTS AND SCHEDULE NUMBERS
	IL T4 25 07 18	COMMON POLICY CONDITIONS
	TP T0 29 07 18	IMPORTANT INFORMATION FOR POLICYHOLDERS
*	IL T0 20 02 05	ADDITIONAL LOCATIONS

BUSINESS OWNERS

	TP T3 00 09 22	DIGITAL ASSETS EXCLUSIONS - DIGITAL CURRENCY AND NON-FUNGIBLE TOKENS
	TP T1 30 07 18	TABLE OF CONTENTS - TRAVELERS PROPERTY COVERAGE PART
	TP T1 03 07 18	AMENDATORY PROVISIONS CONDOMINIUM ASSOCIATION COVERAGE
	CP T3 81 01 21	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
	TP T3 70 09 22	ELECTRONIC VANDALISM LIMITATION AND OTHER CHANGES
*	TP T3 79 07 18	CAUSES OF LOSS - EQUIPMENT BREAKDOWN
	TP T3 82 07 18	CRIME ADDITIONAL COVERAGES
	TP T1 00 07 18	TRAVELERS PROPERTY COVERAGE FORM
	TP T1 01 07 18	TRAVELERS BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM

COMMERCIAL GENERAL LIABILITY

	CG T0 01 11 03	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
	CG U0 15 07 21	CONDO COMM ASSOC D&O LIAB DECLARATIONS
*	CG T0 07 04 09	DECLARATIONS PREMIUM SCHEDULE
	CG T0 34 02 19	TABLE OF CONTENTS - COMMERCIAL GENERAL LIABILITY COVERAGE FORM CG T1 00 02 19
	CG U0 16 07 21	CONDO COMM ASSOC D&O LIAB COV TOC
	CG T1 00 02 19	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
	CG T1 38 07 21	CONDO COMM ASSOC D&O LIAB COV FORM
	CG 20 04 11 85	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
	CG D2 37 02 19	EXCLUSION - REAL ESTATE DEVELOPMENT ACTIVITIES - COMPLETED OPERATIONS
	CG D9 10 09 21	AMENDMENT OF INTELLECTUAL PROPERTY EXCLUSION
	CG D2 03 12 97	AMEND - NON CUMULATION OF EACH OCC
	CG D1 86 02 19	XTEND ENDORSEMENT
	CG D2 43 01 02	FUNGI OR BACTERIA EXCLUSION
	CG D4 21 07 08	AMEND CONTRAL LIAB EXCL - EXC TO NAMED INS

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

POLICY NUMBER: BIP-9X362494-25-42
EFFECTIVE DATE: 03/05/2025
ISSUE DATE: 12/12/2025

COMMERCIAL GENERAL LIABILITY (CONTINUED)

CG D6 18 10 11	EXCLUSION - VIOLATION OF CONSUMER FINANCIAL PROTECTION LAWS
CG D9 44 01 23	EXCLUSION - VIOLATION OF BIOMETRIC INFORMATION PRIVACY LAWS
CG D0 76 06 93	EXCLUSION - LEAD
CG D1 42 02 19	EXCLUSION - DISCRIMINATION

MULTIPLE SUBLINE ENDORSEMENTS

CG T3 33 11 03	LIMITATION WHEN TWO OR MORE POLICIES APPLY
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INTERLINE ENDORSEMENTS

IL T0 63 07 22	ACTUAL CASH VALUE
IL T3 68 01 21	FEDERAL TERRORISM RISK INSURANCE ACT DISCLOSURE
IL T4 12 03 15	AMNDT COMMON POLICY COND-PROHIBITED COVG
IL T4 14 01 21	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL T4 27 06 19	ADDITIONAL BENEFITS
IL T4 40 10 20	PROTECTION OF PROPERTY
IL T8 02 03 25	GENERAL PURPOSE ENDORSEMENT
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL 02 04 09 08	IDAHO CHANGES - CANCELLATION AND NONRENEWAL

POLICY HOLDER NOTICES

PN T1 94 11 21	IMPORTANT NOTICE - LEAD EXCLUSION
PN T4 54 01 08	IMPORTANT NOTICE REGARDING INDEPENDENT AGENT AND BROKER COMPENSATION
PN MP 38 01 11	IMPORTANT NOTICE - JURISDICTIONAL INSPECTIONS

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

ADDITIONAL LOCATIONS
CONDOMINIUM PAC

POLICY NO.: BIP-9X362494-25-42
ISSUE DATE: 12/12/2025

**THIS SCHEDULE OF LOCATIONS AND BUILDINGS APPLIES
TO THE COMMON DECLARATIONS FOR THE PERIOD**

03/05/2025 to 03/05/2026

PREMISES LOCATION NUMBER	BUILDING NUMBER	OCCUPANCY	ADDRESS
001	001	Residential Condo	503 TILLER AVE SUGAR CITY ID 83448
002	001	Residential Condo	541 TILLER AVE SUGAR CITY ID 83448
003	001	Residential Condo	506 HARVESTER AVE SUGAR CITY ID 83448
004	001	Residential Condo	542 HARVESTER AVE SUGAR CITY ID 83448
005	001	1,080,000	507 TAP ROOT DR SUGAR CITY ID 83448
006	001	Residential Condo	AS PER IL T8 02 SUGAR CITY ID 83448
007	001	Residential Condo	485-491-499-505-511-519-527-535 FURROW DR SUGAR CITY ID 83448
008	001	Residential Condo	645-651-657-663-669 CONVEYOR AVE ID 83448

TRAVELERS PROPERTY



TRAVELERS PROPERTY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAUSES OF LOSS – EQUIPMENT BREAKDOWN

This endorsement modifies insurance provided under the following:

TRAVELERS PROPERTY COVERAGE PART

A. ADDITIONAL COVERED CAUSE OF LOSS – EQUIPMENT BREAKDOWN

Covered Causes of Loss and "specified causes of loss" are extended to include Equipment Breakdown, meaning a Breakdown to Covered Equipment as defined and limited in this endorsement.

1. Breakdown

a. Breakdown means:

- (1) Failure of pressure or vacuum equipment;
- (2) Mechanical failure, including rupture or bursting caused by centrifugal force; or
- (3) Electrical failure, including arcing; that causes physical damage to Covered Equipment and necessitates its repair or replacement.

b. Breakdown does not mean or include:

- (1) Malfunction, including but not limited to adjustment, alignment, calibration, cleaning or modification;
- (2) Leakage at any valve, fitting, shaft seal, gland packing, joint or connection;
- (3) Damage to any vacuum tube, gas tube, or brush;
- (4) Damage to any structure or foundation supporting the Covered Equipment or any of its parts;
- (5) The functioning of any safety or protective device; or
- (6) The cracking of any part on an internal combustion gas turbine exposed to the products of combustion.

c. If an initial Equipment Breakdown causes other Equipment Breakdowns, all will be considered one Equipment

Breakdown. All Equipment Breakdowns that manifest themselves at the same time and are the direct result of the same cause will also be considered one Equipment Breakdown.

2. Covered Equipment

a. Covered Equipment means equipment of a type listed in paragraph 2.b. below that is:

(1) At any of the following locations:

(a) At or within 1,000 feet of the described premises; or

(b) At any of the following locations, but only to the extent that coverage for direct physical loss or damage to Covered Property at such locations or for Business Income and/or Extra Expense resulting from direct physical loss or damage to property at such locations is otherwise specifically insured and limited under this Coverage Part:

(i) Newly acquired or constructed property locations, or within 1,000 feet of such locations;

(ii) Undescribed premises, meaning premises you do not own, lease or regularly operate at which Covered Property is temporarily located; or

(iii) "Dependent property" locations;

and

(2) (a) Owned or leased by you or operated under your control; or

(b) Owned or leased by, or operated under the control of others who

own, lease or operate the undescribed premises (as defined in (1) (b) (ii) above) or "dependent property" locations where the insurance provided under this Coverage Part applies;

and

(3) Not otherwise excluded under paragraph 2.c. below.

b. Covered Equipment includes the following types of equipment:

(1) Equipment designed and built to operate under internal pressure or vacuum other than weight of contents;

(2) Electrical or mechanical equipment that is used in the generation, transmission or utilization of energy; and

(3) Fiber optic cable.

c. Covered Equipment does not mean or include any:

(1) Electronic data processing, recording or storage media such as films, tapes, discs, drums or cells;

(2) Part of pressure or vacuum equipment that is not under internal pressure of its contents or internal vacuum;

(3) Insulating or refractory material;

(4) Non-metallic pressure or vacuum equipment, unless it is constructed and used in accordance with the American Society of Mechanical Engineers (A.S.M.E.) code or a Code that has been accepted by the National Board of Boiler and Pressure Vessel Inspectors;

(5) Catalyst;

(6) Pressure vessels and piping that are buried below ground and require the excavation of materials to inspect, remove, repair or replace;

(7) Structure, foundation, cabinet or compartment supporting or containing the Covered Equipment or part of the Covered Equipment including penstock, draft tube or well casing;

(8) Vehicle, aircraft, self-propelled equipment or floating vessel, including any equipment mounted on or used solely with any vehicle, aircraft, self-propelled equipment or floating vessel;

(9) Dragline, power shovel, excavation or construction equipment including any equipment mounted on or used solely with any dragline, power shovel, excavation or construction equipment;

(10) Felt, wire, screen, mold, form, pattern, die, extrusion plate, swing hammer, grinding disc, cutting blade, non-electrical cable, chain, belt, rope, clutch plate, brake pad, non-metal part or any part or tool subject to periodic replacement;

(11) Astronomical telescope, cyclotron, nuclear reactor, particle accelerator, satellites and/or spacecraft (including satellite or spacecraft contents and/or their launch sites);

(12) Computer equipment or electronic data processing equipment unless used to control or operate production-type machinery or other equipment that is Covered Equipment;

(13) Equipment or any part of such equipment manufactured by you for sale; or

(14) Equipment while in the due course of transit.

B. EQUIPMENT BREAKDOWN COVERAGE EXTENSIONS

1. Spoilage

a. Under the Travelers Property Coverage Form, the insurance that applies to Business Personal Property is extended to apply to direct physical loss or damage to such Covered Property that is:

(1) Maintained under controlled conditions for its preservation; and

(2) Susceptible to loss or damage if the controlled conditions change; due to spoilage resulting from lack or excess of power, light, heat, steam or refrigeration that is caused solely by a Breakdown to Covered Equipment.

Insurance under this Coverage Extension includes the reasonable expense you incur to reduce or avert the spoilage loss or damage, but only to the extent the amount of loss otherwise payable under this Coverage Extension is reduced.

- b.** The most we will pay for loss or damage under this Coverage Extension arising out of any one Equipment Breakdown is the Spoilage Limit of Insurance shown in the Equipment Breakdown Schedule. This limit is included in and does not increase the Limit of Insurance that applies to the lost or damaged Covered Property.
- c.** We will not pay for any loss or damage under this Coverage Extension that results from your failure to use due diligence and dispatch and all reasonable means to protect the property from spoilage damage following a Breakdown to Covered Equipment.

2. Utility Services Property

- a.** Subject to paragraph **2.b.** below, Covered Equipment is extended to include equipment, wherever located within the Coverage Territory, that is:
 - (1)** Owned, operated or controlled by a local public or private utility or distributor that directly generates, transmits, distributes or provides utility services to the described premises; and
 - (2)** Used to supply water, communication or power services to the described premises.
- b.** This Coverage Extension applies:
 - (1)** Only with respect to; and
 - (2)** Subject to the Limits of Insurance that apply to;

the insurance, if any, otherwise provided under this Coverage Part for loss or damage caused by an interruption of power or other utility service supplied to the described premises caused by or resulting from a Covered Cause of Loss to the utility services equipment described in paragraph **2.a.** above.

- c.** We will not pay under this Coverage Extension for loss or damage caused by or resulting from any of the following:
 - (a)** Fire;
 - (b)** Lightning;
 - (c)** Windstorm or hail;
 - (d)** Explosion (except for steam or centrifugal explosion);
 - (e)** Smoke;
 - (f)** Aircraft or vehicles;
 - (g)** Riot or civil commotion;
 - (h)** Vandalism;
 - (i)** Sprinkler Leakage;
 - (j)** Falling objects;
 - (k)** Weight of snow, ice or sleet;
 - (l)** Freezing; or
 - (m)** Collapse.

3. Expediting Expense

In the event of covered direct physical loss or damage to Covered Property caused by or resulting from a Breakdown to Covered Equipment, we will pay for the reasonable additional expenses you necessarily incur to make temporary repairs to, or expedite the permanent repair or replacement of, the lost or damaged Covered Property.

Expediting expenses include overtime wages and the extra cost of express or other rapid means of transportation.

The most we will pay under this Coverage Extension for all Expediting Expenses arising out of any one Equipment Breakdown is the Expediting Expenses Limit of Insurance shown in the Equipment Breakdown Schedule. This limit is included in and does not increase the Limit of Insurance that applies to lost or damaged Covered Property.

C. EQUIPMENT BREAKDOWN EXCLUSIONS

- 1.** The following Exclusions contained in Paragraph **B.** of the Travelers Property Coverage Form do not apply:
 - a.** Exclusion **B.2.a.** Electrical Damage or Disturbance;
 - b.** Exclusion **B.2.d. (6)** mechanical breakdown under the Other Type of Losses Exclusion; and
 - c.** Exclusion **B.2.e.** Explosion.

TRAVELERS PROPERTY

All other Exclusions that apply to this Coverage Part apply to loss or damage under this endorsement.

2. The following additional Exclusions apply to the insurance provided by this endorsement:

We will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

a. Lack or excess of power, light, heat, steam or refrigeration. But this Exclusion does not apply to:

(1) Business Income coverage or Extra Expense coverage; or

(2) The Spoilage Coverage Extension or Utility Services Property Coverage Extension;

b. Hydrostatic, pneumatic or gas pressure testing of any boiler, fired vessel or electrical steam generator; or

c. Insulation breakdown testing of any type of electrical or electronic equipment.

D. EQUIPMENT BREAKDOWN LIMITATIONS

1. Limitations (2) and (3) in Paragraph **A.4.a. Limitations** of the Travelers Property Coverage Form do not apply.

All other Limitations that apply to this Coverage Part apply to loss or damage under this endorsement.

2. The following additional Limitations apply to the insurance provided by this endorsement. Payments made under the following Limitations are included in and do not increase the applicable Limits of Insurance.

a. Ammonia Contamination Limitation

The most we will pay for loss or damage to property caused by ammonia contamination that directly results from a Breakdown to Covered Equipment is the Ammonia Contamination Limit of Insurance shown in the Equipment Breakdown Schedule.

This limitation does not apply to Business Income coverage or to Extra Expense coverage.

b. Hazardous Substance Limitation

If as a direct result of a Breakdown to Covered Equipment, property is damaged, contaminated or polluted by a

substance, other than ammonia, that is declared to be hazardous to health by a governmental agency, the Hazardous Substance Limit of Insurance shown in the Equipment Breakdown Schedule is the most we will pay for:

(1) Any additional expenses you incur to clean up, repair, replace or dispose of any such property that is Covered Property under this Coverage Part; and

(2) Any increase in loss of Business Income or Extra Expense due to the additional time required to clean up, repair, replace or dispose of the property, provided Business Income or Extra Expense loss resulting from damage to such property is otherwise insured against under this Coverage Part.

Subject to the Hazardous Substance Limit of Insurance, the term "period of restoration", as used in the Business Income and/or Extra Expense insurance provided under this Coverage Part is extended to include this additional period of time.

As used in this limitation, additional expenses and increase in loss mean expenses and loss incurred beyond the expenses and loss for which we would have been liable had no substance declared to be hazardous to health by a governmental agency been involved.

E. EQUIPMENT BREAKDOWN LIMITS OF INSURANCE

1. The insurance provided under this endorsement for loss or damage caused by or resulting from Equipment Breakdown is included in and does not increase the Covered Property, Business Income, Extra Expense or other coverage Limits of Insurance that otherwise apply under this Coverage Part.

2. The most we will pay under this endorsement for loss or damage caused by or resulting from Equipment Breakdown to the following Specific Equipment:

(a) "Diagnostic Equipment";

(b) "Power Generating Equipment"; and

(c) "Production Equipment".

is the Specific Equipment Limit of Insurance indicated in the Equipment Breakdown Schedule. If there is no Specific Equipment limit indicated in the Equipment Breakdown Schedule, then the Specific Equipment is included in the applicable Limits of Insurance that otherwise apply under this Coverage Part.

3. Payments under the Equipment Breakdown Coverage Extensions will not increase the applicable Limit(s) of Insurance.

F. EQUIPMENT BREAKDOWN DEDUCTIBLE

1. Unless otherwise indicated in the Equipment Breakdown Schedule, the insurance provided under this endorsement for loss or damage caused by or resulting from Equipment Breakdown is subject to the deductibles that otherwise apply under this Coverage Part.
2. When one or more separate deductibles are shown in the Equipment Breakdown Schedule, each such deductible will be applied separately to the applicable coverage for which the deductible is shown, as follows:

a. Dollar Deductible

If a dollar deductible is shown in the Equipment Breakdown Schedule, we will not pay for loss or damage until the amount of loss or damage to which the deductible applies exceeds the applicable dollar deductible. We will then pay the amount of loss or damage in excess of the dollar deductible, up to the applicable Limit of Insurance.

b. Time Period Deductible

If a time period deductible is shown in the Equipment Breakdown Schedule, we will not pay for any loss to which the deductible applies that occurs during the specified time period immediately following a Breakdown to Covered Equipment.

c. Average Daily Value Deductible

If an average daily value deductible is shown in the Equipment Breakdown Schedule, this deductible will be calculated as follows:

- (1) For all of the described premises where you incur Business Income or Extra Expense loss due to a

Breakdown to Covered Equipment, determine the total amount of Business Income that would have been earned or incurred by you during the "period of restoration" had no Breakdown to Covered Equipment occurred.

- (2) Divide the amount determined in paragraph (1) by the number of days the business would have been open during the "period of restoration". The result is the average daily value.
- (3) Multiply the average daily value in paragraph (2) by the Multiple of Average Daily Value shown in the Equipment Breakdown Schedule. We will first subtract this deductible amount from any loss we would otherwise pay. We will then pay the amount of loss or damage in excess of the deductible, up to the applicable Limit of Insurance.

d. Percentage of Loss Deductible

If a deductible is expressed as a percentage of loss in the Equipment Breakdown Schedule, we will not be liable for the indicated percentage of the gross amount of loss or damage insured under the applicable coverage.

G. EQUIPMENT BREAKDOWN ADDITIONAL CONDITION

The following Additional Condition applies to the insurance provided under this endorsement:

Suspension

If any Covered Equipment is found to be in, or exposed to a dangerous condition, any of our representatives may immediately suspend the insurance provided by this endorsement for loss or damage caused by or resulting from a Breakdown to that Covered Equipment. This can be done by delivering or mailing a notice of suspension to:

1. Your last known address; or
2. The address where the Covered Equipment is located.

Once suspended in this way, such insurance can only be reinstated by a written endorsement issued by us. If we suspend your insurance, you will get a pro rata refund of premium for that Covered Equipment. But the suspension will be

effective even if we have not yet made or offered a refund.

H. The following definitions are added to the **DEFINITIONS** Section, but only with respect to the Causes Of Loss – Equipment Breakdown endorsement:

"Diagnostic Equipment" means any:

- a. Equipment; or
- b. Apparatus;

used solely for research, diagnostic, medical, surgical, therapeutic, dental or pathological purposes.

"Power Generating Equipment"

- a. Means the following types of equipment or apparatus:

- (1) Pressure;
- (2) Mechanical; or
- (3) Electrical;

used in or associated with the generation of electric power; and

- b. Does not mean such equipment that is used solely to generate emergency power that is less than or equal to 1000KW.

"Production Equipment"

- a. Means any:

- (1) Production machinery; or
- (2) Process machinery; that processes, shapes, forms or grinds:

- (1) Raw materials;
- (2) Materials in process; or
- (3) Finished products; and

- b. Includes Covered Equipment that is used solely with or forms an integral part of the:

- (1) Production;
- (2) Process; or
- (3) Apparatus.

EQUIPMENT BREAKDOWN SCHEDULE

Premises Location No.	Building No.	Specific Equipment Limit of Insurance:
001	001	\$100,000
002	001	\$100,000
003	001	\$100,000
004	001	\$100,000
005	001	\$100,000
006	001	\$100,000
007	001	\$100,000
008	001	\$100,000

Limits of Insurance:

Spoilage:	\$25,000 unless a higher amount is shown:	\$
Expediting Expenses:	\$25,000 unless a higher amount is shown:	\$
Ammonia Contamination:	\$25,000 unless a higher amount is shown:	\$
Hazardous Substance:	\$25,000 unless a higher amount is shown:	\$

Deductible Exceptions: Travelers Property Coverage Part Deductibles apply to loss or damage under this endorsement, except as follows:

GENERAL LIABILITY

GENERAL LIABILITY

DECLARATIONS PREMIUM SCHEDULE
Issue Date: 12/12/2025

Policy Number: BIP-9X362494-25-42

This Schedule applies to the Declarations for the period of 03/05/2025 to 03/05/2026.

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

STATE ZIP	CLASS DESCRIPTION/CODE NUMBER	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$3,150 \$3,150	29.2063 0.3175	-3 0
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$5,040 \$5,040	27.1825 0.1984	-5 0
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$3,150 \$3,150	29.2063 0.3175	-3 0
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$5,040 \$5,040	27.1825 0.1984	-5 0
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$5,040 \$5,040	27.1825 0.1984	-5 0
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$5,040 \$5,040	25.0000 0.1984	-4 0
ID 83448	Residential Condos Premises/Operations - Gross Sales Product/Compl Ops - Gross Sales	\$9,600 \$9,600	16.6667 0.1042	37 1
ID 83448	Residential Condos Premises/Operations - Gross Sales	\$6,000	16.8333	24

Rate Computation: The rate shown may change any time there is a change in exposure or risk characteristic during the policy period or at audit.

Premium Base Legend:

Premium Base
a = area
c = cost
e = employees
m = admissions
p = payroll
r = receipts

How Rates Apply
per 1000 sq. feet
per \$1000 of total cost
per employee
per 1000 of admissions
per \$1000 of payroll
per \$1000 of receipts

Premium Base
s = gross sales
u = units
t =

How Rates Apply
per \$1000 of gross sales per unit
This premium base is reserved for unusual applications. Base and how rates apply are shown above.

DECLARATIONS PREMIUM SCHEDULE
Issue Date: 12/12/2025

Policy Number: BIP-9X362494-25-42

This Schedule applies to the Declarations for the period of 03/05/2025 to 03/05/2026.

It shows all of your known rating classes as of the effective date. Any exceptions will be so noted. This includes all locations you own, rent or occupy.

STATE ZIP	CLASS DESCRIPTION/CODE NUMBER	PREMIUM BASE/ EXPOSURE	RATES	ADVANCE PREMIUM
	Product/Compl Ops - Gross Sales	\$6,000	0.1667	1

Rate Computation: The rate shown may change any time there is a change in exposure or risk characteristic during the policy period or at audit.

Premium Base Legend:

Premium Base
a = area
c = cost
e = employees
m = admissions
p = payroll
r = receipts

How Rates Apply
per 1000 sq. feet
per \$1000 of total cost
per employee
per 1000 of admissions
per \$1000 of payroll
per \$1000 of receipts

Premium Base
s = gross sales
u = units
t =

How Rates Apply
per \$1000 of gross sales
per unit
This premium base is reserved
for unusual applications. Base
and how rates apply are shown
above.