

POLICY NUMBER: 08-474098-01

## BUSINESSOWNERS POLICY DECLARATIONS

**Company Name:**

 Western Community Insurance Company  
 275 Tierra Vista Drive, Pocatello, Idaho 83201

**Producer Name:**

 Riley Jeppesen  
 208-715-9315

**Named Insured:**

Beach's Corner Property Owners Association Inc.

**Mailing Address:**

 9022 S 400 W  
 Rexburg, ID 83440-4666

**Policy Period**
**From:** 12/19/2024

**To:** 12/19/2025

At 12:01 AM\* Standard Time at your mailing address shown above

\*Exceptions: 12:00 PM in Michigan and North Carolina

**Policy Issue Date:** 07/18/2025

Policy Change Effective Date: 06/28/2025 At 12:01 AM

**Premises Information**

Prem. No.	Bldg. No.	Premises Address:
1	1	5111 Beach Dr, Idaho Falls, ID 83401-6846 : Condo
2	1	5127 N Beach Drive, Idaho Falls, ID 83401 : Condo
3	1	5141 N Beach Drive, Idaho Falls, ID 83401 : Condo
4	1	5157 N Beach Drive, Idaho Falls, ID 83401 : Condo
5	1	4989 N Beach Dr, Idaho Falls, ID 83401-6845 : Condo
6	1	4979 N Beach Dr, Idaho Falls, ID 83401-6845 : Condo
7	1	4963 N Beach Dr, Idaho Falls, ID 83401-6845 : Condo
8	1	4959 N Beach Dr, Idaho Falls, ID 83401-6845 : Condo
9	1	4925 N Beach Dr, Idaho Falls, ID 83401-6845 : Condo

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:** HOA for Townhomes just built


**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	2%	\$ 600,000	\$ 780.00
1	1	Business and Personal Property	No		\$ 1,000,000	\$ 760.00
2	1	Building	No	2%	\$ 450,000	\$ 611.00
2	1	Business and Personal Property	No		\$ 750,000	\$ 570.00
3	1	Building	No	2%	\$ 450,000	\$ 611.00
3	1	Business and Personal Property	No		\$ 750,000	\$ 570.00
4	1	Building	No	2%	\$ 450,000	\$ 611.00
4	1	Business and Personal Property	No		\$ 750,000	\$ 570.00
5	1	Building	No	2%	\$ 600,000	\$ 780.00
5	1	Business and Personal Property	No		\$ 1,000,000	\$ 760.00
6	1	Building	No	2%	\$ 600,000	\$ 780.00
6	1	Business and Personal Property	No		\$ 1,000,000	\$ 760.00
7	1	Building	No	2%	\$ 600,000	\$ 780.00
7	1	Business and Personal Property	No		\$ 1,000,000	\$ 760.00
8	1	Building	No	2%	\$ 600,000	\$ 780.00
8	1	Business and Personal Property	No		\$ 1,000,000	\$ 760.00
9	1	Building	No	2%	\$ 750,000	\$ 939.00
9	1	Business and Personal Property	No		\$ 1,250,000	\$ 950.00

\* 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	\$ 1,000	\$ 500
2	\$ 1,000	\$ 500
3	\$ 1,000	\$ 500
4	\$ 1,000	\$ 500
5	\$ 1,000	\$ 500
6	\$ 1,000	\$ 500
7	\$ 1,000	\$ 500
8	\$ 1,000	\$ 500

**Deductibles (Apply Per Occurrence)**

Prem. No.	Property Deductible	Optional Coverage (Other Than Equipment Breakdown Enhancement Coverage) Deductible
9	\$ 1,000	\$ 500

**Equipment Breakdown Enhancement Coverage Deductibles (Apply Per Occurrence)**

Prem. No.	Bldg. No.	Deductible	Premium
-----------	-----------	------------	---------

**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 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

**Endorsements Applicable Per Classification**

Endorsement Number	Class Code	Endorsement Title	Premium

**Endorsements Applicable Per Premises**

Prem. No.	Endorsement Number	Endorsement Title	Premium
1	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
2	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
3	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
4	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
5	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
6	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
7	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
8	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00
9	BP 04 53 01 10	Water Back-up and Sump Overflow	\$ 77.00



**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

**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	\$ 10.00
Damage to Premises Rented To You	\$ 50,000	Any One Premises	
Other Than Products/Completed Operations Aggregate	\$ 4,000,000		
Products/Completed Operations Aggregate	\$ 4,000,000		

**Deductible**

Optional Property Damage Liability Deductible: Declined

Per Occurrence (Refer to BP 07 04)

**Liability Information**

Prem. No.	Bldg. No.	Premises Address:	Premium
1	1	5111 Beach Dr, Idaho Falls, ID 83401-6846	\$ 66.00
2	1	5127 N Beach Drive, Idaho Falls, ID 83401	\$ 50.00
3	1	5141 N Beach Drive, Idaho Falls, ID 83401	\$ 50.00
4	1	5157 N Beach Drive, Idaho Falls, ID 83401	\$ 50.00
5	1	4989 N Beach Dr, Idaho Falls, ID 83401-6845	\$ 66.00
6	1	4979 N Beach Dr, Idaho Falls, ID 83401-6845	\$ 66.00
7	1	4963 N Beach Dr, Idaho Falls, ID 83401-6845	\$ 66.00
8	1	4959 N Beach Dr, Idaho Falls, ID 83401-6845	\$ 66.00
9	1	4925 N Beach Dr, Idaho Falls, ID 83401-6845	\$ 83.00

**Endorsements Applicable Per Policy**

Endorsement Number	Endorsement Title	Premium
BP 00 03 01 10	Businessowners Coverage Form	Included
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 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 04 39 07 02	Abuse or Molestation Exclusion	Included
BP 04 17 01 10	Employment - Related Practices 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



**Endorsements Applicable Per Policy**

Endorsement Number	Endorsement Title	Premium
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

The Total Annual Premium is \$ 14,398.00

Subject to Premium Audit:  Yes  No

**Countersignature Of Authorized Representative**

Name: Chuck McDaniel

Title: Authorized Representative

Signature: 

Date: 07/18/2025

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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WATER BACK-UP AND SUMP OVERFLOW**

This endorsement modifies insurance provided under the following:

### BUSINESS OWNERS COVERAGE FORM

#### SCHEDULE

Premises Number	Covered Property Annual Aggregate Limit Of Insurance	Business Income And Extra Expense Annual Aggregate Limit Of Insurance
1	\$100,000	\$100,000
2	\$100,000	\$100,000
3	\$100,000	\$100,000

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** We will pay for direct physical loss or damage to Covered Property, covered under Section I – Property, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, with respect to Paragraph A.2., we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

**B.** The coverage described in Paragraph A. of this endorsement does not apply to loss or damage resulting from an insured's failure to:

1. Keep a sump pump or its related equipment in proper working condition; or
2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.

**C.** The most we will pay for the coverage provided under this endorsement for all direct physical loss or damage to Covered Property is the Covered Property Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Covered Property Annual Aggregate Limit of Insurance is indicated in the Schedule of this endorsement.

The applicable Covered Property Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all direct physical loss or damage sustained in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property. If loss payment for the first such occurrence does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.



D. The following provisions apply to **Section I – Property** and supersede any provisions to the contrary:

The most we will pay under:

1. Paragraph **A.5.f.** Business Income Additional Coverage for all loss of Business Income you sustain due to the necessary suspension of your "operations" caused by direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement; and
2. Paragraph **A.5.g.** Extra Expense Additional Coverage for all necessary Extra Expense you incur and that you would not have incurred if there had been no direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement;

is the Business Income And Extra Expense Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Business Income And Extra Expense Annual Aggregate Limit of Insurance is shown in the Schedule.

The applicable Business Income And Extra Expense Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all loss of Business Income you sustain and Extra Expense you incur in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property as described in Paragraph **A.** of this endorsement. If loss payment during an earlier "period of restoration" in the policy year does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for loss of Business Income you sustain or Extra Expense you incur during a subsequent "period of restoration" beginning in, but not after, that policy year. With respect to a "period of restoration" which begins in one policy year and continues in a subsequent policy year(s), all loss of Business Income you sustain or Extra Expense you incur is deemed to be sustained or incurred in the policy year in which the "period of restoration" began.

E. With respect to the coverage provided under this endorsement, the **Water Exclusion in Section I – Property** is replaced by the following exclusion:

**Water**

1. Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
2. Mudslide or mudflow; or
3. Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces;
  - b. Basements, whether paved or not; or
  - c. Doors, windows or other openings; or
4. Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1. or 3., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 4., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 4., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WATER BACK-UP AND SUMP OVERFLOW**

This endorsement modifies insurance provided under the following:

### BUSINESS OWNERS COVERAGE FORM

#### SCHEDULE

Premises Number	Covered Property Annual Aggregate Limit Of Insurance	Business Income And Extra Expense Annual Aggregate Limit Of Insurance
4	\$100,000	\$100,000
5	\$100,000	\$100,000
6	\$100,000	\$100,000

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** We will pay for direct physical loss or damage to Covered Property, covered under Section I – Property, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, with respect to Paragraph A.2., we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

**B.** The coverage described in Paragraph A. of this endorsement does not apply to loss or damage resulting from an insured's failure to:

1. Keep a sump pump or its related equipment in proper working condition; or
2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.

**C.** The most we will pay for the coverage provided under this endorsement for all direct physical loss or damage to Covered Property is the Covered Property Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Covered Property Annual Aggregate Limit of Insurance is indicated in the Schedule of this endorsement.

The applicable Covered Property Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all direct physical loss or damage sustained in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property. If loss payment for the first such occurrence does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.



D. The following provisions apply to **Section I – Property** and supersede any provisions to the contrary:

The most we will pay under:

1. Paragraph **A.5.f.** Business Income Additional Coverage for all loss of Business Income you sustain due to the necessary suspension of your "operations" caused by direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement; and
2. Paragraph **A.5.g.** Extra Expense Additional Coverage for all necessary Extra Expense you incur and that you would not have incurred if there had been no direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement;

is the Business Income And Extra Expense Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Business Income And Extra Expense Annual Aggregate Limit of Insurance is shown in the Schedule.

The applicable Business Income And Extra Expense Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all loss of Business Income you sustain and Extra Expense you incur in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property as described in Paragraph **A.** of this endorsement. If loss payment during an earlier "period of restoration" in the policy year does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for loss of Business Income you sustain or Extra Expense you incur during a subsequent "period of restoration" beginning in, but not after, that policy year. With respect to a "period of restoration" which begins in one policy year and continues in a subsequent policy year(s), all loss of Business Income you sustain or Extra Expense you incur is deemed to be sustained or incurred in the policy year in which the "period of restoration" began.

E. With respect to the coverage provided under this endorsement, the **Water Exclusion in Section I – Property** is replaced by the following exclusion:

**Water**

1. Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
2. Mudslide or mudflow; or
3. Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces;
  - b. Basements, whether paved or not; or
  - c. Doors, windows or other openings; or
4. Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1. or 3., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 4., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 4., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WATER BACK-UP AND SUMP OVERFLOW**

This endorsement modifies insurance provided under the following:

### BUSINESS OWNERS COVERAGE FORM

#### SCHEDULE

Premises Number	Covered Property Annual Aggregate Limit Of Insurance	Business Income And Extra Expense Annual Aggregate Limit Of Insurance
7	\$100,000	\$100,000
8	\$100,000	\$100,000
9	\$100,000	\$100,000

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A.** We will pay for direct physical loss or damage to Covered Property, covered under Section I – Property, caused by or resulting from:

1. Water or waterborne material which backs up through or overflows or is otherwise discharged from a sewer or drain; or
2. Water or waterborne material which overflows or is otherwise discharged from a sump, sump pump or related equipment, even if the overflow or discharge results from mechanical breakdown of a sump pump or its related equipment.

However, with respect to Paragraph A.2., we will not pay the cost of repairing or replacing a sump pump or its related equipment in the event of mechanical breakdown.

**B.** The coverage described in Paragraph A. of this endorsement does not apply to loss or damage resulting from an insured's failure to:

1. Keep a sump pump or its related equipment in proper working condition; or
2. Perform the routine maintenance or repair necessary to keep a sewer or drain free from obstructions.

**C.** The most we will pay for the coverage provided under this endorsement for all direct physical loss or damage to Covered Property is the Covered Property Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Covered Property Annual Aggregate Limit of Insurance is indicated in the Schedule of this endorsement.

The applicable Covered Property Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all direct physical loss or damage sustained in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property. If loss payment for the first such occurrence does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for subsequent loss or damage sustained in, but not after, that policy year. With respect to an occurrence which begins in one policy year and continues or results in additional loss or damage in a subsequent policy year(s), all loss or damage is deemed to be sustained in the policy year in which the occurrence began.



D. The following provisions apply to **Section I – Property** and supersede any provisions to the contrary:

The most we will pay under:

1. Paragraph **A.5.f.** Business Income Additional Coverage for all loss of Business Income you sustain due to the necessary suspension of your "operations" caused by direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement; and
2. Paragraph **A.5.g.** Extra Expense Additional Coverage for all necessary Extra Expense you incur and that you would not have incurred if there had been no direct physical loss or damage to Covered Property as described in Paragraph **A.** of this endorsement;

is the Business Income And Extra Expense Annual Aggregate Limit of Insurance. That limit is \$5,000 per location, unless a different Business Income And Extra Expense Annual Aggregate Limit of Insurance is shown in the Schedule.

The applicable Business Income And Extra Expense Annual Aggregate Limit of Insurance is the most we will pay under this endorsement for the total of all loss of Business Income you sustain and Extra Expense you incur in any one policy year, regardless of the number of occurrences that cause or result in loss or damage to Covered Property as described in Paragraph **A.** of this endorsement. If loss payment during an earlier "period of restoration" in the policy year does not exhaust the applicable Limit of Insurance, then the balance of that Limit is available for loss of Business Income you sustain or Extra Expense you incur during a subsequent "period of restoration" beginning in, but not after, that policy year. With respect to a "period of restoration" which begins in one policy year and continues in a subsequent policy year(s), all loss of Business Income you sustain or Extra Expense you incur is deemed to be sustained or incurred in the policy year in which the "period of restoration" began.

E. With respect to the coverage provided under this endorsement, the **Water Exclusion in Section I – Property** is replaced by the following exclusion:

**Water**

1. Flood, surface water, waves (including tidal wave and tsunami), tides, tidal water, overflow of any body of water, or spray from any of these, all whether or not driven by wind (including storm surge);
2. Mudslide or mudflow; or
3. Water under the ground surface pressing on, or flowing or seeping through:
  - a. Foundations, walls, floors or paved surfaces;
  - b. Basements, whether paved or not; or
  - c. Doors, windows or other openings; or
4. Waterborne material carried or otherwise moved by any of the water referred to in Paragraph 1. or 3., or material carried or otherwise moved by mudslide or mudflow.

This exclusion applies regardless of whether any of the above, in Paragraphs 1. through 4., is caused by an act of nature or is otherwise caused. An example of a situation to which this exclusion applies is the situation where a dam, levee, seawall or other boundary or containment system fails in whole or in part, for any reason, to contain the water.

But if any of the above, in Paragraphs 1. through 4., results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire, explosion or sprinkler leakage.



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848		
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		POLICY TYPE: BUSINESS OWNERS		
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01	
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

## LOCATION / DESCRIPTION

4959 N BEACH DR, IDAHO FALLS, ID 83401-6845 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED <input type="checkbox"/>	BASIC <input type="checkbox"/>	BROAD <input type="checkbox"/>	SPECIAL <input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$1,600,000					DED: \$1,000
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	Y	N	N/A	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE			N	If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE		Y		Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y			
IS DOMESTIC TERRORISM EXCLUDED?			N		
LIMITED FUNGUS COVERAGE		Y		If YES LIMIT: \$15,000	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y			
REPLACEMENT COST		Y			
AGREED VALUE			N		
COINSURANCE		Y		If YES, %80	
EQUIPMENT BREAKDOWN (If Applicable)			N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg		N	If YES LIMIT: \$	DED: <input type="checkbox"/>
	- Demolition Costs		N	If YES LIMIT: \$	DED: <input type="checkbox"/>
	- Incr. Cost of Construction		N	If YES LIMIT: \$	DED: <input type="checkbox"/>
EARTH MOVEMENT (If Applicable)			N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
FLOOD (If Applicable)			N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions:	N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
NAMED STORM INCL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Subject to Different Provisions:		If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y			

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST** MORTGAGEE CONTRACT OF SALE LENDERS LOSS PAYABLE LIENHOLDER

LENDER SERVICING AGENT NAME AND ADDRESS

**NAME AND ADDRESS**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**AUTHORIZED REPRESENTATIVE****EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)****ANNUAL PREMIUM**

\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848		
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01	
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

LOCATION / DESCRIPTION

4925 N BEACH DR, IDAHO FALLS, ID 83401-6845 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED <input type="checkbox"/>	BASIC <input type="checkbox"/>	BROAD <input type="checkbox"/>	SPECIAL <input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$2,000,000 DED: \$1,000				
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	Y	N	N/A	
BLANKET COVERAGE		N	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12	
TERRORISM COVERAGE	Y		If YES, indicate value(s) reported on property identified above: \$	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	Y		Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?	N			
LIMITED FUNGUS COVERAGE	Y		If YES LIMIT: \$15,000	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	Y			
REPLACEMENT COST	Y			
AGREED VALUE	N			
COINSURANCE	Y		If YES, %80	
EQUIPMENT BREAKDOWN (If Applicable)	N		If YES LIMIT: <input type="checkbox"/>	DED:
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg	N	If YES LIMIT: \$	DED:
	- Demolition Costs	N	If YES LIMIT: \$	DED:
	- Incr. Cost of Construction	N	If YES LIMIT: \$	DED:
EARTH MOVEMENT (If Applicable)	N		If YES LIMIT: <input type="checkbox"/>	DED:
FLOOD (If Applicable)	N		If YES LIMIT: <input type="checkbox"/>	DED:
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions:	N	If YES LIMIT: <input type="checkbox"/>
NAMED STORM INCL	<input type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions:		If YES LIMIT: <input type="checkbox"/>
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	Y			

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
NAME AND ADDRESS		
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		AUTHORIZED REPRESENTATIVE <i>Chuck McDonald</i>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)**

ANNUAL PREMIUM  
\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848		
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:		POLICY TYPE: BUSINESS OWNERS		
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01	
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

## LOCATION / DESCRIPTION

5127 N BEACH DRIVE, IDAHO FALLS, ID 83401 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED <input type="checkbox"/>	BASIC <input type="checkbox"/>	BROAD <input type="checkbox"/>	SPECIAL <input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$1,200,000		DED: \$1,000			
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		YES	NO	N/A	
BLANKET COVERAGE			N	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12	
TERRORISM COVERAGE		Y		If YES, indicate value(s) reported on property identified above: \$ <input type="checkbox"/>	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y		Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?			N		
LIMITED FUNGUS COVERAGE		Y		If YES LIMIT: \$15,000	DED: <input type="checkbox"/>
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y			
REPLACEMENT COST		Y			
AGREED VALUE			N		
COINSURANCE		Y		If YES, %80	
EQUIPMENT BREAKDOWN (If Applicable)			N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg			If YES LIMIT: \$ <input type="checkbox"/>	DED: <input type="checkbox"/>
	- Demolition Costs			If YES LIMIT: \$ <input type="checkbox"/>	DED: <input type="checkbox"/>
	- Incr. Cost of Construction			If YES LIMIT: \$ <input type="checkbox"/>	DED: <input type="checkbox"/>
EARTH MOVEMENT (If Applicable)			N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
FLOOD (If Applicable)			N	If YES LIMIT: <input type="checkbox"/>	DED: <input type="checkbox"/>
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:	N	If YES LIMIT: <input type="checkbox"/>
NAMED STORM INCL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:		If YES LIMIT: <input type="checkbox"/>
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y			

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
<b>NAME AND ADDRESS</b>		<b>AUTHORIZED REPRESENTATIVE</b> <i>Chuck McDaniel</i>
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BECCH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)**

ANNUAL PREMIUM  
\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848	
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com		
CODE:	SUB CODE:	IF MULTIPLE COMPANIES, COMPLETE SEPERATE FORM FOR EACH	
AGENCY CUSTOMER ID #:		POLICY TYPE: BUSINESS OWNERS	
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

## LOCATION / DESCRIPTION

5111 BEACH DR, IDAHO FALLS, ID 83401-6846 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$600,000		DED: \$1,000		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	Y	N/A	
BLANKET COVERAGE		N	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12	
TERRORISM COVERAGE		Y	If YES, indicate value(s) reported on property indentified above: \$	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y	Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?		N		
LIMITED FUNGUS COVERAGE		Y	If YES LIMIT: \$15,000	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y		
REPLACEMENT COST		Y		
AGREED VALUE		N		
COINSURANCE		Y	If YES, %80	
EQUIPMENT BREAKDOWN (If Applicable)		N	If YES LIMIT:	DED:
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg	N	If YES LIMIT: \$	DED:
	- Demolition Costs	N	If YES LIMIT: \$	DED:
	- Incr. Cost of Construction	N	If YES LIMIT: \$	DED:
EARTH MOVEMENT (If Applicable)		N	If YES LIMIT:	DED:
FLOOD (If Applicable)		N	If YES LIMIT:	DED:
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions:	N	If YES LIMIT:
NAMED STORM INCL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Subject to Different Provisions:		If YES LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y		

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
<b>NAME AND ADDRESS</b>		
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		AUTHORIZED REPRESENTATIVE <i>Chuck McDonald</i>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)****ANNUAL PREMIUM**

\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848	
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com		
CODE:	SUB CODE:	IF MULTIPLE COMPANIES, COMPLETE SEPERATE FORM FOR EACH	
AGENCY CUSTOMER ID #:		POLICY TYPE: BUSINESS OWNERS	
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

## LOCATION / DESCRIPTION

4963 N BEACH DR, IDAHO FALLS, ID 83401-6845 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$1,600,000		DED: \$1,000		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	Y	N/A	
BLANKET COVERAGE		N	If YES LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12	
TERRORISM COVERAGE		Y	If YES, indicate value(s) reported on property indentified above: \$	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y	Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?		N		
LIMITED FUNGUS COVERAGE		Y	If YES LIMIT: \$15,000	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y		
REPLACEMENT COST		Y		
AGREED VALUE		N		
COINSURANCE		Y	If YES, %80	
EQUIPMENT BREAKDOWN (If Applicable)		N	If YES LIMIT:	DED:
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg	N	If YES LIMIT: \$	DED:
	- Demolition Costs	N	If YES LIMIT: \$	DED:
	- Incr. Cost of Construction	N	If YES LIMIT: \$	DED:
EARTH MOVEMENT (If Applicable)		N	If YES LIMIT:	DED:
FLOOD (If Applicable)		N	If YES LIMIT:	DED:
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions:	N	If YES LIMIT:
NAMED STORM INCL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Subject to Different Provisions:		If YES LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y		

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
<b>NAME AND ADDRESS</b>		
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		AUTHORIZED REPRESENTATIVE <i>Chet McDonald</i>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)**

**ANNUAL PREMIUM**  
\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848		
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01	
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

## LOCATION / DESCRIPTION

4979 N BEACH DR, IDAHO FALLS, ID 83401-6845 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED <input type="checkbox"/>	BASIC <input type="checkbox"/>	BROAD <input type="checkbox"/>	SPECIAL <input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$1,600,000 DED: \$1,000				
BUSINESS INCOME	<input checked="" type="checkbox"/> RENTAL VALUE	Y	N/A	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE <input type="checkbox"/>				
TERRORISM COVERAGE <input type="checkbox"/>				
IS THERE A TERRORISM-SPECIFIC EXCLUSION? <input type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED? <input type="checkbox"/>				
LIMITED FUNGUS COVERAGE <input type="checkbox"/>				
FUNGUS EXCLUSION (If "YES", specify organization's form used) <input type="checkbox"/>				
REPLACEMENT COST <input type="checkbox"/>				
AGREED VALUE <input type="checkbox"/>				
COINSURANCE <input type="checkbox"/>				
EQUIPMENT BREAKDOWN (If Applicable) <input type="checkbox"/>				
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg <input type="checkbox"/>			
	- Demolition Costs <input type="checkbox"/>			
	- Incr. Cost of Construction <input type="checkbox"/>			
EARTH MOVEMENT (If Applicable) <input type="checkbox"/>				
FLOOD (If Applicable) <input type="checkbox"/>				
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions: <input type="checkbox"/>		
NAMED STORM INCL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Subject to Different Provisions: <input type="checkbox"/>		
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS <input type="checkbox"/>				

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
<b>NAME AND ADDRESS</b>		
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		AUTHORIZED REPRESENTATIVE <i>Chuck McDonald</i>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)****ANNUAL PREMIUM**

\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848		
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com			
CODE:	SUB CODE:			
AGENCY CUSTOMER ID #:				
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01	
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

LOCATION / DESCRIPTION

5157 N BEACH DRIVE, IDAHO FALLS, ID 83401 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED <input type="checkbox"/>		BASIC <input type="checkbox"/>	BROAD <input type="checkbox"/>	SPECIAL <input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$450,000		DED: \$1,000				
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	Y	N	N/A		
BLANKET COVERAGE			N	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12		
TERRORISM COVERAGE		Y		If YES, indicate value(s) reported on property identified above: \$		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y		Attach Disclosure Notice / DEC		
IS DOMESTIC TERRORISM EXCLUDED?			N			
LIMITED FUNGUS COVERAGE		Y		If YES LIMIT: \$15,000	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y				
REPLACEMENT COST		Y				
AGREED VALUE			N			
COINSURANCE		Y		If YES, %80		
EQUIPMENT BREAKDOWN (If Applicable)			N	If YES LIMIT:	DED:	
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg			If YES LIMIT: \$	DED:	
	- Demolition Costs			If YES LIMIT: \$	DED:	
	- Incr. Cost of Construction			If YES LIMIT: \$	DED:	
EARTH MOVEMENT (If Applicable)			N	If YES LIMIT:	DED:	
FLOOD (If Applicable)			N	If YES LIMIT:	DED:	
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:			
NAMED STORM INCL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y				

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
<b>NAME AND ADDRESS</b>		
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		AUTHORIZED REPRESENTATIVE <i>Chuck McDaniel</i>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)****ANNUAL PREMIUM**

\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS	PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS	NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848	
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com		
CODE:	SUB CODE:	IF MULTIPLE COMPANIES, COMPLETE SEPERATE FORM FOR EACH	
AGENCY CUSTOMER ID #:		POLICY TYPE: BUSINESS OWNERS	
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER	POLICY NUMBER 08-474098-01
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025
ADDITIONAL NAMED INSURED(S)		CONTINUED UNTIL TERMINATED IF CHECKED	
		THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

LOCATION / DESCRIPTION

5141 N BEACH DRIVE, IDAHO FALLS, ID 83401 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED	<input type="checkbox"/> BASIC	<input type="checkbox"/> BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$1,200,000		DED: \$1,000		
<input checked="" type="checkbox"/> BUSINESS INCOME	<input type="checkbox"/> RENTAL VALUE	Y	N/A	
BLANKET COVERAGE		N	If YES LIMIT:	<input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
TERRORISM COVERAGE		Y	If YES, indicate value(s) reported on property indentified above: \$	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y	Attach Disclosure Notice / DEC	
IS DOMESTIC TERRORISM EXCLUDED?		N		
LIMITED FUNGUS COVERAGE		Y	If YES LIMIT: \$15,000	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y		
REPLACEMENT COST		Y		
AGREED VALUE		N		
COINSURANCE		Y	If YES, %80	
EQUIPMENT BREAKDOWN (If Applicable)		N	If YES LIMIT:	DED:
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg	N	If YES LIMIT: \$	DED:
	- Demolition Costs	N	If YES LIMIT: \$	DED:
	- Incr. Cost of Construction	N	If YES LIMIT: \$	DED:
EARTH MOVEMENT (If Applicable)		N	If YES LIMIT:	DED:
FLOOD (If Applicable)		N	If YES LIMIT:	DED:
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Subject to Different Provisions:	N	If YES LIMIT:
NAMED STORM INCL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Subject to Different Provisions:		If YES LIMIT:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y	DED:	

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	

NAME AND ADDRESS

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

AUTHORIZED REPRESENTATIVE  
*Chuck McDaniel*

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)****ANNUAL PREMIUM**

\$9,292.00



# EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS		PHONE (A/C, NO, EXT): 208-715-9315	COMPANY NAME AND ADDRESS		NAIC NO: 39519
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		WESTERN COMMUNITY INSURANCE COMPANY PO BOX 4848 POCATELLO, ID 83205-4848			
FAX(A/C, NO):	E-MAIL ADDRESS: rkjeppesen@idfbins.com				IF MULTIPLE COMPANIES, COMPLETE SEPERATE FORM FOR EACH
CODE:	SUB CODE:				POLICY TYPE: BUSINESS OWNERS
AGENCY CUSTOMER ID #:					
NAMED INSURED AND ADDRESS BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666		LOAN NUMBER		POLICY NUMBER 08-474098-01	
		EFFECTIVE DATE 12/19/2024	EXPIRATION DATE 12/19/2025	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required)  Building OR  Business Personal Property

## LOCATION / DESCRIPTION

4989 N BEACH DR, IDAHO FALLS, ID 83401-6845 - CONDO

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED <input type="checkbox"/>		BASIC <input type="checkbox"/>	BROAD <input type="checkbox"/>	SPECIAL <input checked="" type="checkbox"/>
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$1,600,000 DED: \$1,000						
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		YES	NO	N/A	If YES LIMIT: <input type="checkbox"/> Actual Loss Sustained; # of months: 12	
BLANKET COVERAGE			N	If YES, indicate value(s) reported on property indentified above: \$		
TERRORISM COVERAGE		Y		Attach Disclosure Notice / DEC		
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		Y				
IS DOMESTIC TERRORISM EXCLUDED?			N			
LIMITED FUNGUS COVERAGE		Y		If YES LIMIT: \$15,000	DED:	
FUNGUS EXCLUSION (If "YES", specify organization's form used)		Y				
REPLACEMENT COST		Y				
AGREED VALUE			N			
COINSURANCE		Y		If YES, %80		
EQUIPMENT BREAKDOWN (If Applicable)			N	If YES LIMIT:	DED:	
ORDINANCE OR LAW	- Coverage for loss to undamaged portion of bldg			If YES LIMIT: \$	DED:	
	- Demolition Costs			If YES LIMIT: \$	DED:	
	- Incr. Cost of Construction			If YES LIMIT: \$	DED:	
EARTH MOVEMENT (If Applicable)			N	If YES LIMIT:	DED:	
FLOOD (If Applicable)			N	If YES LIMIT:	DED:	
WIND / HAIL INCL	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:			
NAMED STORM INCL	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Subject to Different Provisions:			
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		Y				

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



**ADDITIONAL INTEREST**

<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE	<input checked="" type="checkbox"/> LIENHOLDER	
NAME AND ADDRESS		
CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK ISAOA/ ATIMA PO BOX 1689 POCATELLO, ID 83204-1689		AUTHORIZED REPRESENTATIVE <i>Chuck McDonald</i>

**EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)****INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

CITIZENS COMMUNITY BANK A DIVISION OF GLACIER BANK  
ISAOA/ ATIMA  
PO BOX 1689  
POCATELLO, ID 83204-1689

**ADDITIONAL NAMED INSURED(S)**

**ANNUAL PREMIUM**  
\$9,292.00



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174	CONTACT NAME: PHONE(A/C, NO, EXT): 208-715-9315   FAX(A/C, NO): EMAIL ADDRESS: rkjeppesen@idfbins.com PRODUCER CUSTOMER ID:
INSURED BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666	INSURER(S) AFFORDING COVERAGE INSURER A: WESTERN COMMUNITY INSURANCE COMPANY   39519 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
-----------	---------------------	------------------

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

5111 BEACH DR, IDAHO FALLS, ID 83401-6846 - CONDO

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	08-474098-01	12/19/2024	12/19/2025	<input checked="" type="checkbox"/> BUILDING	\$ 600,000
	<input type="checkbox"/> BASIC				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD				BUSINESS INCOME	\$
	<input checked="" type="checkbox"/> SPECIAL				EXTRA EXPENSE	\$
	<input type="checkbox"/> EARTHQUAKE				RENTAL VALUE	\$
	<input type="checkbox"/> WIND				BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				BLANKET PERS PROP	\$
					BLANKET BLDG & PP	\$
						\$
						\$
INLAND MARINE CAUSES OF LOSS		TYPE OF POLICY				\$
<input type="checkbox"/> NAMED PERILS		POLICY NUMBER				\$
<input type="checkbox"/> CRIME						\$
TYPE OF POLICY						\$
<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

This coverage includes the undivided interest that each individual association member has in the property owned by the association. This coverage does not include property separately owned by the individual unit owners.

CONDO UNIT OWNER - THOMAS & CYNTHIA WILLIAMS UNIT# 4983 LOAN# 28937

CERTIFICATE HOLDER

CANCELLATION

FRONTIER CREDIT UNION ISAOA PO BOX 1865 IDAHO FALLS, ID 83403-1865	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



AGENCY RILEY JEPPESEN	NAMED INSURED	
--------------------------	---------------	--

POLICY NUMBER 08-474098-01		
-------------------------------	--	--

CARRIER WESTERN COMMUNITY INSURANCE COMPANY	NAIC CODE 39519	EFFECTIVE DATE:
--	--------------------	-----------------

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: FORM TITLE:

**INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

FRONTIER CREDIT UNION  
ISAOA  
PO BOX 1865  
IDAHO FALLS, ID 83403-1865

**ADDITIONAL NAMED INSURED(S)**



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER		CONTACT NAME:	
RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174		PHONE(A/C, NO, EXT): 208-715-9315	
		FAX(A/C, NO):	
		EMAIL ADDRESS: rkjeppesen@idfbins.com	
		PRODUCER CUSTOMER ID:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: WESTERN COMMUNITY INSURANCE COMPANY	39519
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
-----------	---------------------	------------------

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

5157 N BEACH DRIVE, IDAHO FALLS, ID 83401 - CONDO

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	08-474098-01	12/19/2024	12/19/2025	<input checked="" type="checkbox"/> BUILDING	\$ 450,000	
	BASIC				BUILDING		
	BROAD				<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/> SPECIAL				CONTENTS		
	EARTHQUAKE						
	WIND						
	FLOOD						
INLAND MARINE CAUSES OF LOSS		TYPE OF POLICY				\$	
NAMED PERILS		POLICY NUMBER				\$	
CRIME TYPE OF POLICY						\$	
BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$	
						\$	
						\$	

SPECIAL CONDITIONS / OTHER COVERAGES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

This coverage includes the undivided interest that each individual association member has in the property owned by the association. This coverage does not include property separately owned by the individual unit owners.

CONDO UNIT OWNER - DAVID HART UNIT# UNIT 5153 LOAN# 5425060530

CERTIFICATE HOLDER	CANCELLATION
EAGLE BANK AND TRUST CO 650 S SHACKLEFORD RD STE 151 LITTLE ROCK, AR 72211-3574	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



AGENCY RILEY JEPPESEN		NAMED INSURED	
POLICY NUMBER 08-474098-01			
CARRIER WESTERN COMMUNITY INSURANCE COMPANY	NAIC CODE 39519	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: FORM TITLE:

**INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

EAGLE BANK AND TRUST CO  
650 S SHACKLEFORD RD STE 151  
LITTLE ROCK, AR 72211-3574

**ADDITIONAL NAMED INSURED(S)**



# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

07/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER RILEY JEPPESEN 1655 HOLLIPARK DRIVE IDAHO FALLS ID 83401-2174	CONTACT NAME:	
	PHONE(A/C, NO, EXT): 208-715-9315	FAX(A/C, NO):
INSURED BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC. 9022 S 400 W REXBURG, ID 83440-4666	EMAIL ADDRESS: rkjepesen@idfbins.com	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: WESTERN COMMUNITY INSURANCE COMPANY	39519
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
-----------	---------------------	------------------

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

5111 BEACH DR, IDAHO FALLS, ID 83401-6846 - CONDO

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY CAUSES OF LOSS	08-474098-01	12/19/2024	12/19/2025	<input checked="" type="checkbox"/> BUILDING	\$ 600,000
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUILDING	\$
	<input type="checkbox"/> BROAD				<input checked="" type="checkbox"/>	\$
	<input checked="" type="checkbox"/> SPECIAL				<input checked="" type="checkbox"/> CONTENTS	\$
	<input type="checkbox"/> EARTHQUAKE					\$
	<input type="checkbox"/> WIND					\$
	<input type="checkbox"/> FLOOD					\$
						\$
						\$
						\$
INLAND MARINE CAUSES OF LOSS		TYPE OF POLICY				\$
<input type="checkbox"/> NAMED PERILS		POLICY NUMBER				\$
<input type="checkbox"/> CRIME TYPE OF POLICY						\$
<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

This coverage includes the undivided interest that each individual association member has in the property owned by the association. This coverage does not include property separately owned by the individual unit owners.

CONDO UNIT OWNER - DOUGLAS & MARY HILL UNIT# 4933 LOAN# 307060604

CERTIFICATE HOLDER

CANCELLATION

SYNTERGY ONE LENDING INC ISAOA 610 W ASH ST STE 1505 SAN DIEGO, CA 92101-3350	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



AGENCY RILEY JEPPESEN		NAMED INSURED	
POLICY NUMBER 08-474098-01			
CARRIER WESTERN COMMUNITY INSURANCE COMPANY	NAIC CODE 39519	EFFECTIVE DATE:	
<b>ADDITIONAL REMARKS</b>			
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: FORM TITLE:			

**INSURED ADDRESS INFORMATION**

BEACH'S CORNER PROPERTY OWNERS ASSOCIATION INC.  
9022 S 400 W  
REXBURG, ID 83440-4666

**ADDITIONAL INTEREST ADDRESS INFORMATION**

SYNERGY ONE LENDING INC  
ISAOA  
610 W ASH ST STE 1505  
SAN DIEGO, CA 92101-3350

**ADDITIONAL NAMED INSURED(S)**