Western Community INSURANCE
A FARM BUREAU SERVICE IN IDAHO AND WASHINGTON
275 TIERRA VISTA DR | PO BOX 4848 | POCATELLO, ID 83205

Jerry T Petersen • 1655 Hollipark Drive • Idaho Falls • ID • 83401-2174 • 208-715-7111

Applicant Information

Pebble Creek Property Owners Association, Inc.
1109 Summers Dr
Rexburg, ID 83440-5224

Business: 208-782-7368
Work:
Home:
Mobile: 417-422-5459
Fax:

General Information

Policy Type: Businessowners Policy (v7)
Business Type: Apartment Condominium Association

Policy Number: 08-497677-02
Policy Period: 06/09/2026 to 06/09/2027
Effective Date: 06/09/2026

Premium Summary Detail

Section(s)	Net Premium
Property	$ 4,746
General Liability	$ 315
Additional Coverages	$ 562
Total Premium	**$ 5,623**
Other Charges/Credits	
Billed to Lien(s)	
Total Cost to Insured	**$ 5,623**

Additional Named Insured

Businessowners Questions

Do you own or operate any other business? No

Businessowners Policy Coverages

Coverage	Coverages/Comments	Premium
Interruption of Computer Operations		Included
• Interruption of Computer Operations Limit	$10,000	

Businessowners Additional Coverages

Coverage	Coverages/Comments	Premium
Cyber Suite Coverage		**$** 391
• Each Cyber Incident Occurrence Limit	**$** 50,000	
• Cyber Incident Aggregate Limit	**$** 50,000	
• Deductible	**$** 1,000	

Location 1 Address: 2127 Pebble Brook Ct, Rexburg, ID 83440

Coverage	Coverages/Comments	Premium
Protection Class: 3		
Manual Protection Class: 3		
Property Deductibles		
• Property/Glass Deductible	**$** 2,500	
• Optional Coverages Deductible	**$** 500	
Fire Department Services		Included
• Fire Department Service Limit	**$** 2,500	

Location 1 Additional Coverages

Coverage	Coverages/Comments	Premium
Water Back-Up And Sump Overflow		**$** 57
• Covered Property Annual Aggregate Limit	**$** 5,000	
• Business Income and Extra Expense Annual Aggregate Limit	**$** 5,000	

Building: 1 Type of Property: Apartment Condominium Association

Building Coverage	Coverages/Comments	Premium
Building		
Year of Construction: 2025		
Construction Type: Frame Construction		
Percentage Owner Occupied: Less than 50%		
Building Limit	**$** 1,025,000	**$** 1,255
Valuation	Replacement Cost	Included
Cause Of Loss	Special	
Coinsurance	80%	
Automatic Increase Percent	6%	**$** 38

Building Additional Coverages	Coverages/Comments	Premium
Ordinance Or Law Coverage		
• Coverage 1	**$** 1,025,000	**$** 188
• Coverage 2 & 3 Combined	**$** 102,500	**$** 114

• Post-loss Ordinance Or Law Direct Physical Damage Option	No
• Post-loss Ordinance Or Law Business Income And Extra Expense Option	No
• Business Income and Extra Expense Optional Coverage	No
• Number of Hours' Waiting Period	Not Applicable

Classification: 1 Class Description: Condominiums - Residential Condominium (Assn risk only) - 5 - 9 Units - No Mixed Use

Classification Coverage	Coverages/Comments	Premium

Property Additional Insureds/Interests

Location: 1 Building: 1

Additional Insured – Unit-Owners Of Townhouse Associations

Location 2 Address: 2155 Pebble Brook Ct, Rexburg, ID 83440

Coverage	Coverages/Comments	Premium
Protection Class: 3		
Manual Protection Class: 3		
Property Deductibles		
• Property/Glass Deductible	**$** 2,500	
• Optional Coverages Deductible	**$** 500	
Fire Department Services		Included
• Fire Department Service Limit	**$** 2,500	

Location 2 Additional Coverages

Coverage	Coverages/Comments	Premium
Water Back-Up And Sump Overflow		**$** 57
• Covered Property Annual Aggregate Limit	**$** 5,000	
• Business Income and Extra Expense Annual Aggregate Limit	**$** 5,000	

Building: 1 Type of Property: Apartment Condominium Association

Building Coverage	Coverages/Comments	Premium
Building		
Year of Construction: 2025		
Construction Type: Frame Construction		
Percentage Owner Occupied: Less than 50%		
Building Limit	**$** 1,025,000	**$** 1,255
Valuation	Replacement Cost	Included

Cause Of Loss	Special	
Coinsurance	80%	
Automatic Increase Percent	6%	**$** 38

Building Additional Coverages	Coverages/Comments	Premium
Ordinance Or Law Coverage		
• Coverage 1	**$** 1,025,000	**$** 188
• Coverage 2 & 3 Combined	**$** 102,500	**$** 114
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• Post-loss Ordinance Or Law Business Income And Extra Expense Option	No	
• Business Income and Extra Expense Optional Coverage	No	
• Number of Hours' Waiting Period	Not Applicable	

Classification: 1 Class Description: Condominiums - Residential Condominium (Assn risk only) - 5 - 9 Units - No Mixed Use

Classification Coverage	Coverages/Comments	Premium

Property Additional Insureds/Interests

Location: 2 Building: 1

Additional Insured – Unit-Owners Of Townhouse Associations

Location 3 Address: 2181 Pebble Brook Ct, Rexburg, ID 83440

Coverage	Coverages/Comments	Premium
Protection Class: 3 **Manual Protection Class:** 3		
Property Deductibles		
• Property/Glass Deductible	**$** 2,500	
• Optional Coverages Deductible	**$** 500	
Fire Department Services		Included
• Fire Department Service Limit	**$** 2,500	

Location 3 Additional Coverages

Coverage	Coverages/Comments	Premium
Water Back-Up And Sump Overflow		**$** 57
• Covered Property Annual Aggregate Limit	**$** 5,000	
• Business Income and Extra Expense Annual Aggregate Limit	**$** 5,000	

Building: 1 Type of Property: Apartment Condominium Association

Building Coverage	Coverages/Comments	Premium
Building		
Year of Construction: 2025		
Construction Type: Frame Construction		
Percentage Owner Occupied: Less than 50%		
Building Limit	**$** 1,025,000	**$** 1,255
Valuation	Replacement Cost	Included
Cause Of Loss	Special	
Coinsurance	80%	
Automatic Increase Percent	6%	**$** 38

Building Additional Coverages	Coverages/Comments	Premium
Ordinance Or Law Coverage		
• Coverage 1	**$** 1,025,000	**$** 188
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• Post-loss Ordinance Or Law Direct Physical Damage Option	No	
• Post-loss Ordinance Or Law Business Income And Extra Expense Option	No	
• Business Income and Extra Expense Optional Coverage	No	
• Number of Hours' Waiting Period	Not Applicable	

Classification: 1 Class Description: Condominiums - Residential Condominium (Assn risk only) - 5 - 9 Units - No Mixed Use

Classification Coverage	Coverages/Comments	Premium

Property Additional Insureds/Interests

Location: 3 Building: 1

Additional Insured – Unit-Owners Of Townhouse Associations

Business Income

Coverages	Coverages/Comments	Premium
Ordinary Payroll Number of Days	60	Included
Extended Period of Indemnity Number of Days	60	Included

Business Liabilty

Coverages	Coverages/Comments	Premium
Liability Limit Per Occurrence	$ 1,000,000	Included
Per Person Medical Expenses Limit	$ 10,000	$ 6
General Aggregate Limit	$ 2,000,000	Included
Products/Completed Operations Aggregate Limit	$ 2,000,000	Included

Liability Exposures

Premium

Location: 1 **Building:** 1 **Address:** 2127 Pebble Brook Ct, Rexburg, ID 83440
Classification: 1 **Class Code:** 69203
Class Description: Condominiums - Residential Condominium (Assn risk only) - 5 - 9 Units - No Mixed Use
Premium Base: Limit of Insurance — $ 103

Location: 2 **Building:** 1 **Address:** 2155 Pebble Brook Ct, Rexburg, ID 83440
Classification: 1 **Class Code:** 69203
Class Description: Condominiums - Residential Condominium (Assn risk only) - 5 - 9 Units - No Mixed Use
Premium Base: Limit of Insurance — $ 103

Location: 3 **Building:** 1 **Address:** 2181 Pebble Brook Ct, Rexburg, ID 83440
Classification: 1 **Class Code:** 69203
Class Description: Condominiums - Residential Condominium (Assn risk only) - 5 - 9 Units - No Mixed Use
Premium Base: Limit of Insurance — $ 103

Businessowners Premium Bearing Forms/Endorsements

- BP 00 03 08 24 Businessowners Coverage Form — Included
- BP 14 81 07 13 Limitations On Coverage For Roof Surfacing
  - Premises Number: 1 Building Number: 1 — $ -13
  - Premises Number: 2 Building Number: 1 — $ -13
  - Premises Number: 3 Building Number: 1 — $ -13
- BP 15 60 02 21 Cyber Incident Exclusion — Included

Applicant's Statement

I authorize the Company now and any time when I am insured to make routine inquiry of others about my financial condition, credit history, claims history, driving record, and vehicle history. I also authorize the Company to make inquiry regarding the driving and claims history of anyone who drives any vehicle insured by this policy. I understand this information may be obtained from a government agency, consumer credit agency, or similar information provider.

I am applying for a policy of insurance based on the information I have provided in this application. I declare that such information is true and correct. I understand that if I have intentionally concealed or misrepresented any material fact or circumstance related to this insurance, the terms of this policy may be affected and there may be no coverage for an otherwise covered loss. I understand that the Company reserves the right to change rates or refuse coverage on this application. I authorize the Company to endorse or issue the policy with the proper rate(s) and terms.

Signature of Applicant

(Parent or Legal Guardian if Applicant is Under 18 Years of Age)

X Jennifer Haudy Date: 2026-06-09 Time: _____ ☐ A.M. ☐ P.M.

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Agent's Statement

I certify I have asked the applicant all questions pertaining to this application and recorded the responses as of this date. In reliance on the statements in this application and subject to the terms and conditions of the policy authorized for the company's issuance to the applicant, the company binds the insurance applied for to become effective:

Effective : _____ Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Signature of Agent Colman Petersen Date: 2026-06-09 Time: _____ ☐ A.M. ☐ P.M.

Per Jerry Petersen

Remarks

ACH Payment Agreement

Company Name: Western Community Insurance Company

Insured's Name: Pebble Creek Property Owners Association, Inc.

Policy Number: 08-497677-02

I/we authorize Western Community Insurance Company ("Company") to debit my/our account indicated below, for premium or other policy charges. This authorization is for the insurance policy I/we purchased from the Company.

Bank Name: Idaho Central Credit Union Checking: ☐ Savings: ☐

Address:

City: State: Zip:

Routing Number: 324173626

Account Number: 740044584

This Authorization shall remain in effect until Company and Bank have received written notification from me (or one of us) of its termination. I understand that notices must give Company and Bank reasonable opportunity to act on it. I understand that I have the right to stop payment of a debit entry by reasonable notification to bank prior to its charging my account. After my account has been charged, I have the right to have Bank credit to my account any erroneous debit, provided I notify Bank within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first.

Signature: Jennifer Haudy Signature:

Print Name: Print Name:

Date: 2026-06-09 Date:

ACH One-Time Payment Agreement

Company Name: Western Community Insurance Company

Insured's Name: Pebble Creek Property Owners Association, Inc.

Policy Number: 08-497677-02

I/we authorize Western Community Insurance Company ("Company") to debit my/our account indicated below, for premium or other policy charges. This authorization is for the insurance policy I/we purchased from the Company.

Bank Name: Checking: ☐ Savings: ☐

Address:

City: State: Zip:

Routing Number:

Account Number:

This Authorization shall remain in effect until Company and Bank have received written notification from me (or one of us) of its termination. I understand that notices must give Company and Bank reasonable opportunity to act on it. I understand that I have the right to stop payment of a debit entry by reasonable notification to bank prior to its charging my account. After my account has been charged, I have the right to have Bank credit to my account any erroneous debit, provided I notify Bank within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first.

Signature: Signature:

Print Name: Print Name:

Date: Date:

CERTIFICATE *of* SIGNATURE

REF. NUMBER
XCD6E-HAWJ2-XEDH7-YSWTK

DOCUMENT COMPLETED BY ALL PARTIES ON
10 JUN 2026 15:40:50
UTC

SIGNER	TIMESTAMP	SIGNATURE
COLMAN PETERSEN EMAIL CPETERSEN@IDFBINS.COM	SENT 09 JUN 2026 16:42:30 SIGNED 09 JUN 2026 16:42:30	 IP ADDRESS 139.180.16.187 LOCATION POCATELLO, UNITED STATES
JENNIFER HANDY EMAIL HOA@GEMSTONEPROPERTIES.NET	SENT 09 JUN 2026 16:42:30 VIEWED 09 JUN 2026 17:07:16 SIGNED 10 JUN 2026 15:40:50	 IP ADDRESS 154.27.169.186 LOCATION IDAHO FALLS, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
09 JUN 2026 17:07:16