

Common Policy Declarations

FARMERS INSURANCE EXCHANGE

(A RECIPROCAL COMPANY)

Members Of The Farmers Insurance Group Of Companies
Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010

CONDOMINIUM - PRIMARY

1.

Named • NORTH PARK HOMEOWNERS ASSOC
Insured • C/O PROKOPIAK MANAGEMENT CO
Mailing • 13700 TROON CT
Address •
• BROOMFIELD CO 80023-9587

Acct. No.	Prod. Count
07-33-393	04582-92-96
Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 03/27/14 (not prior to time applied for) to 03/27/15 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

This Policy Consists Of The Following Coverage Parts Listed Below And For Which A Premium Is Indicated. This Premium May Be Subject To Change.

	Premium After Applicable Discount and Modification
CONDOMINIUMS OWNERS POLICY	\$3,302.00
DIRECTORS AND OFFICERS LIABILITY COVERAGE PART	\$711.00
CYBER LIABILITY AND DATA BREACH COVERAGE	\$35.00
CERTIFIED ACTS OF TERRORISM - SEE DISCLOSURE ENDORSEMENT	INCLUDED
Total *see Additional Fee Information below	See Invoice Attached



FARMERS

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Members Of The Farmers Insurance Group Of Companies
 Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010

Policy Declarations

CONDOMINIUM - PRIMARY

1. Named : **NORTHPARK HOMEOWNERS ASSOC** Acct. No. Prod. Count
 Insured : **C/O PROKOPIAK MANAGEMENT CO**
 Mailing : **13700 TROON CT** 07-33-393 04582-92-96
 Address : **BROOMFIELD CO 80023-9587** Agent No. Policy Number

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business **CONDOMINIUM**

2. Policy Period from **03/27/14** (not prior to time applied for) to **03/27/15** 12:01 a.m. Standard Time
 If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

001 104TH & FEDERAL WESTMINSTER CO 80030

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

Property

Coverages And Limits Of Insurance

COVERAGES	PREMISE NO. 001
BUILDINGS	\$379,100
BUSINESS PERSONAL PROPERTY	\$21,700
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$46,900
	COV 3 \$18,500
SPECIFIED PROPERTY	\$39,714
ASSOCIATION FEE AND	\$100,000
EXTRA EXPENSE	
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$1,000

Additional Coverages

Coverage	All Premises
MASTER KEY	\$100/\$5,000
NON-OWNED AUTO LIABILITY	\$1,000,000



FARMERS

Coverage Extensions - Optional Higher Limits of Insurance Per Occurrence

Coverage	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$5,000
NEWLY ACQ PROP OR CONST BLDG	\$250,000
PERS PROP AT NEWLY ACQ PREMISE	\$100,000

Optional Coverages: We provide insurance for those Optional Coverages described below.

Coverage	All Premises
OUTDOOR SIGNS	\$2,500 \$500 DEDUCTIBLE
EMPLOYEE DISHONESTY	\$5,000 \$500 DEDUCTIBLE
MONEY AND SECURITIES	\$5,000 \$500 DEDUCTIBLE
OUTDOOR PROPERTY	\$2,500
DIRECTORS & OFFICERS LIABILITY	\$1,000,000EACH CLAIM \$1,000,000ANNUAL AGGREGATE

Liability And Medical Payments - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

Coverage	Limits Of Insurance
LIABILITY	\$1,000,000 PER OCC/ \$2,000,000 GEN AGG
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

Mortgage Holders:

Premises No.	Mortgage Holder Name, Address

Countersigned _____ By _____
 (Date) (Authorized Representative)

**Commercial Umbrella
Policy Declarations**

**TRUCK INSURANCE EXCHANGE
(A RECIPROCAL COMPANY)**

Members of the Farmers Insurance Group of Companies
Home Office: 4680 Wilshire Blvd., Los Angeles, California 90010

1. Named • **NORTHPARK HOMEOWNERS ASSOC**
Insured •
Mailing • **13700 TROON CT**
Address • **% PROKOPIAK MGT CO**
. BROOMFIELD CO 80023-9587

Account Number _____
07-33-393 **04582-05-13**
Agent Number Policy Number

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Other than Partnership or Joint Venture)

Type of Business: **HOMEOWNERS ASSOC**

2. Policy Period: From **03/27/13** to **03/27/14** 12:01 a.m. Standard Time

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. This policy will continue for successive policy periods as follows: If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

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 coverage stated in this policy:

3. Schedule of Underlying Insurance: See page 4

4. Limit Of Insurance: **\$ 2,000,000** (Policy Aggregate Limit)

Self-Insured Retention:	\$10,000	(Each Occurrence or Offense covered by policy but Not Covered by Underlying Insurance)
Certified Acts Of Terrorism:	SEE DISCLOSURE ENDORSEMENT	
5. Advance Premium:	\$1,002.00	
	Adjustable at a rate of \$	per \$
	Of	
Minimum Earned Premium:	\$	
Annual Minimum Premium:	\$	

*see Additional Fee Information below

Agent: **RICHARD SCHAD**
Agent Phone: **303-661-0083**



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