



**Westfield**  
One Park Circle, P.O. Box 5001  
Westfield Center, OH 44251  
800-243-0210  
WestfieldInsurance.com

**Commercial Common Policy  
Declarations  
Amended**

**Company Providing Coverage:** Westfield Champion Insurance Company

**Named Insured and Mailing Address:**

**Agency:** 050107

CUCUMBER PATCH AT SHOCK HILL HOA  
PO Box 7  
Breckenridge, CO 80424-0001

Arrow Insurance Management Inc  
PO BOX 5000  
FRISCO, CO 80443-5000  
Telephone: 970-668-3500

**Policy Number:** 178356W

**Billing Account No:** 6000014073

**Payment Plan:** Monthly  
(Paper Invoices)

**Policy Period:** From 11/01/2024 To 11/01/2025

At 12:01 A.M. standard time at your mailing  
address shown above

**Business Of Named Insured:** Apartment House

**Entity Of Named Insured:** Association, Labor  
Union, Religious Organization

**Coverage and Premium Summary**

Commercial Property Coverage Part \$21,806.00

Commercial General Liability Coverage Part \$413.00

Inland Marine Coverage Part Included

Inland Marine AAIS Coverage Part Included

Crime And Fidelity Coverage Part Included

**Policy Annual Premium** \$22,219.00

Colorado Hazard Mitigation Fee \$2.00

**Total Advance Annual Policy Premium** \$22,221.00

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. For more detail, please refer to the individual coverage parts inside your policy.

**Forms and Endorsements Applicable to This Coverage Part:**

Refer to Schedule of Forms and Endorsements - IL DS 73

PLEASE REFER TO IL7097 FOR A DETAILED SUMMARY OF TAXES AND SURCHARGES BY STATE.



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Common Policy Declarations**

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Effective 11/01/2024, this Common Policy Declarations amends all prior Common Policy declarations and endorsements as shown below.

**THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:**

Commercial Property Coverage Part Endorsement	Additional	\$819.00
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<b>Net Additional Premium</b>	<b>\$819.00</b>
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**\*\* This Endorsement changes your policy. Please attach it to your original policy\*\***



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**Endorsement Summary**

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**THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:**

**Effective Date**

11/01/2024

Change deductible

**Description**

wind/hail to \$50,000

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**Commercial Property Declarations**  
**Amended**

**Company Providing Coverage:** Westfield Champion Insurance Company

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**Forms and Endorsements Applicable to This Coverage Part:**

Refer to Schedule of Forms and Endorsements - IL DS 73

**Schedule of Additional Coverages and Endorsements**

**Form Number/Endorsement**

**Premium**

CPDS75 - Commercial Property Coverage Part Equipment Breakdown Coverage  
Schedule

Included

CP0401 - Brands And Labels

Included

CP0407 - Pollutant Clean Up And Removal Additional Aggregate Limit Of  
Insurance

Included

CP0415 - Debris Removal Additional Insurance

Included

CP0417 - Utility Services - Direct Damage

Included

CP1038 - Discharge From Sewer, Drain or Sump (Not Flood-Related)

Included

CP1230 - Peak Season Limit Of Insurance

Included



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**Commercial Property Declarations  
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CP1430 - Outdoor Trees, Shrubs And Plants	Included
CP1440 - Outdoor Signs	Included
CP1402 - Unscheduled Building Property Tenant's Policy	Included
CP1509 - Business Income From Dependent Properties - Limited Form	Included
CP1545 - Utility Services - Time Element	Included
CP7070 - Business Income-Actual Loss Sustained Endorsement	Included
CP0405 - Ordinance Or Law Coverage	Included
CP7195 - Equipment Breakdown Coverage	\$1,613
CP7181 - Commercial Property Expanded Coverage	\$1,263
<b>Total Additional Coverages and Endorsements Coverage Premium:</b>	<b>\$2,876</b>

**Westfield**

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**Commercial General Liability  
Declarations  
Amended****Company Providing Coverage:** Westfield Champion Insurance Company**Named Insured and Mailing Address:****Agency:** 050107

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6000014073**Payment Plan:** Monthly  
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Each Occurrence Limit	\$1,000,000
General Aggregate Limit (Other than products/completed-operations)	\$2,000,000
Products/Completed-Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any one premises)	\$1,000,000
Medical Expense Limit (Any one person)	Excluded

<b>Total Premises/Operations Premium</b>	<b>\$305</b>
<b>Total Products/Completed Operations Premium</b>	<b>Included</b>
<b>Total Additional Coverages and Endorsements Premium</b>	<b>\$101</b>
<b>Total Additional Interests Premium</b>	<b>Included</b>
<b>Total Terrorism Premium</b>	<b>\$7</b>

**Total Advance Annual General Liability Premium** **\$413****Forms And Endorsements Applicable To This Coverage Part:**

Refer to Schedule of Forms and Endorsements - IL DS 73