



Truck Insurance Exchange (A Reciprocal Insurer)

Member Of The Farmers Insurance Group Of Companies®

Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMON POLICY DECLARATIONS

Named	THE VIENNA TOWNHOMES *SEE J7104 AMEND TO NAMED INS		F010038450-001-00001		
Insured			Account No.	Prod. Count	
	PO BOX 85		07-50-31W	60699-87-88	
Mailing Address	BRECKENRIDGE, CO 80424-0076		Agent No.	Policy Number	
Form of	☐ Individual ☐ Joint Venture	Limited Liability Co.	Business Description	n:	
Business	☐ Corporation ☐ Partnership	X Other Organization		2	
Policy	From <u>07-25-2024</u>	(not prior to time applied	for)		
Period	To <u>07-25-2025</u> 12:01 A.M. Standard time at your mailing address shown above.				
until the ot insurance, premiums,	y replaces other coverage that ends at nother coverage ends. This policy will c we will renew this policy if you pay t rules and forms then in effect. consists of the following coverage parts	ontinue for successive policy place in the required renewal premium fo	periods as follows: If we present the periods as follows: If we present the period of	e elect to continue this period subject to our	
Coverage	e Parts	Pren	nium After Discount A	nd Modification	
Condomir	niums Owners Policy	\$	31,102.00		
Preferred	Community Association Management	\$	712.00		
Cyber Lia	bility And Data Breach Expense Covera	ge \$	37.00		
Certified Acts Of Terrorism - See Disclosure Endorsement			ncluded		
	-				
		101			

Total (See Additional Fee Information Below)



\$31,851.00

Policy Number: 60699-87-88 Effective Date: 07-25-2024

Forms Applicable To 25-9230ED3 Reminder-Review Your Coverages

All Coverage Parts: J7104-ED1 Amendment To Named Insured

Your Agent

Mark Martin-Williams Po Box 7368 Breckenridge, CO 80424 (970) 453-7190

Countersigned (Date)

By Authorized Representative

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The following additional fees apply on an account, not a per-policy, basis.

· A service fee will be assessed on every installment invoice and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. In addition, for accounts fully enrolled in online billing and scheduled for recurring Electronic Funds Transfer (EFT) payments the fee will be waived.

State	Installment Fee
All states except Alaska, Florida, Maryland, New Jersey And West Virginia	\$6.00
Alaska and Maryland	Not applicable
Florida	\$3.00
New Jersey	\$7.00
West Virginia	\$5.00

• A returned payment fee applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.

State	NSF Fee
All States Except Alaska, Florida, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia And West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Nebraska And Indiana	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

 A late fee will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, Virginia, South Carolina And West Virginia	\$20.00
Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Florida, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable



The following applies on a per-policy basis.

 A reinstatement fee of \$25.00 will be assessed if the policy is reinstated over 30 days but under 6 months from the cancellation date. This fee does not apply to Florida, Indiana & Maryland or to Workers Compensation policies.

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.