



Named Insured THE VIENNA TOWNHOMES
*SEE J7104 AMEND TO NAMED INS

Prod. Count

60699-87-88

Policy Number

Form of Business ☐ Individual ☐ Joint Venture ☐ Limited Liability Co.
☐ Corporation ☐ Partnership ☒ Other Organization

Policy Period From 07-25-2024 (not prior to time applied for)
To 07-25-2025 12:01 A.M. Standard time at your mailing address shown above.

This policy consists of the following coverage parts listed below and for which a premium is indicated. This premium may be subject to change.

Total (See Additional Fee Information Below)

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

Additional Fee Information

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.