

PETER MAMICH  
1495 PNE GRV RD #201A  
STEAMBOAT SPRI CO 80487



**DILLON PINES TOWNHOME ASSOC  
C/O SUMMIT RESORT GROUP  
PO BOX 678  
FRISCO CO 80443-2566**

60438-35-47  
01/24/26  
01:15:13  
6043835470026  
001  
ABL94  
AUTOMATIC-RENEWAL

ATTACH SRN FCS-0453  
CM057EP1  
04 - PL

ADDIDIRFLT



**PETER MAMICH**  
**1495 PNE GRV RD #201A**  
**STEAMBOAT SPRI**

**CO 80487**

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### **Sign And Submit Forms Online With eSign**

With eSign, you can sign your policy documents online and send them to us with just a few clicks. It's an easy and safe way to send forms that need your signature. If you haven't signed up for eSign yet, contact your Farmers<sup>®</sup> agent today to get started.

After you've activated eSign, any forms that need a signature and have an asterisk (\*) next to them in your policy declarations will be sent to you through eSign.

Any future changes to your policy will also be processed through eSign if they can be.  
Thank you for choosing us for your insurance.



# STATEMENT

MID-CENTURY INSURANCE COMPANY

° DILLON PINES TOWNHOME ASSOC  
\*SEE J7104 AMEND TO NAMED INS  
C/O SUMMIT RESORT GROUP  
PO BOX 678  
FRISCO CO 80443-2566

JANUARY 24, 2026

Date

07-50-27T

Agent's Number

60438-35-47

Policy Number

Loan Number

**Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.**

### This Statement Reflects:

Effective Date: 04/01/26

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$ Previous Balance Owing

\$ Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ Pro Rata Premium Due

\$ 32,100.00 Premium For Renewing Entire Present Coverage From 04/01/26 To 04/01/27

\$

\$

\$

\$

\$ 32,100.00 Total Charges

\$

\$ Payments

\$ Other Credits \_\_\_\_\_

\$ \_\_\_\_\_ Total Credits

\$ - NONE - **BALANCE DUE UPON RECEIPT**

\$ \_\_\_\_\_ Optional Amount

\$ \_\_\_\_\_ Refund

**WE WANT TO BE YOUR FIRST CHOICE FOR BUSINESS AND PERSONAL LINES INSURANCE. IF YOU PLACE A PERSONAL LINES POLICY WITH FARMERS YOU MAY BE ELIGIBLE TO RECEIVE A DISCOUNT, CONTACT YOUR AGENT TODAY.**

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E  
PREMIUM WILL BE BILLED. ACCT # F006067513-001-00001.**

**State Required Notification:**



Dear Insured:

We know that your business needs can change throughout the year. You might get new equipment, hire more staff, open a new location, start online ordering or offer new services. These changes could mean you need to update your insurance coverage.

Farmers® and our agents are here to help you understand your insurance better. We offer free services to make sure your business has the right coverage.

**How we can help:**

**Farmers Friendly Review®:** Your agent can schedule a review with you. During this review, they can discuss:

- Available insurance discounts
- Potential gaps in your coverage
- New products that might be a good fit for you
- Changes to your business that might mean you could get a better price on your premium

**MySafetyPoint.com:** This website offers safety and loss control information to help you avoid workplace injuries and other losses.

To use this resource:

- Go to [www.mysafetypoint.com](http://www.mysafetypoint.com)
- Register with your policy number and email address
- Find safety information specific to your type of business

Please review the policy renewal documents enclosed to make sure your current coverage still meets your needs.

If you have any questions, please contact your Farmers agent.

Thank you for choosing us for your insurance.



Farmers Insurance, Attn: Business insurance  
PO Box 2527, Grand Rapids, MI 49501

JANUARY 24, 2026

DILLON PINES TOWNHOME ASSOC  
\*SEE J7104 AMEND TO NAMED INS  
C/O SUMMIT RESORT GROUP  
PO BOX 678  
FRISCO CO 80443-2566

### Premium Change Notice

Re: Renewal of 60438-35-47

Dear Valued Customer:

We want to take this opportunity to thank you for choosing Farmers<sup>®</sup> Business Insurance and to share some important information. Your policy renewal date is approaching soon and based on current underwriting information in our files, your renewal notice will reflect an increase in premium over the prior year. Please keep in mind that this increase may be due to a combination of factors including policy changes you may have requested, changes in the economic factors affecting the risk, such as property values, payrolls or sales volume, or rate factor changes made by us in response to rising claims and other costs. The level of risk associated with this policy is not commensurate with the current premium level. Accordingly, please be advised that the renewal premium will be \$ 32,100.00.

We know the protection of your business is important to your success and we're honored that you've chosen Farmers Business Insurance. If you would like to discuss your upcoming renewal, we recommend you contact your Farmers Insurance agency at 970-879-1330

Sincerely,  
MID-CENTURY INSURANCE COMPANY

cc: PETER MAMICH  
07-50-27T



# Privacy Policy

This notice describes our privacy policies and procedures in safeguarding information about customers and former customers that obtain financial products or services for personal, family or household purposes. **Please note that if state law is more protective of an individual's privacy than federal privacy law, we will protect information in accordance with state law while also meeting federal requirements.**

## Information We Collect

We may collect the following categories of information for the purposes identified below. Please note that the examples are not an exhaustive list and may fall into multiple categories. Categories and specific pieces of information collected may vary depending on the nature of your relationship with us.

| Category   | Examples  |
|--|---|
| <b>Personal Identifiers</b>                                | Name, alias, address, social security number, date of birth, passport number, unique personal identifier, online identifier, IP address, e-mail address, account name, government issued identification number, phone number, signature.        |
| <b>Personal Characteristics</b>                            | Gender, demographic, medical and health, convictions, marital status, offspring, driving record, family member/other status, and other descriptions of your physical characteristics.   |
| <b>Commercial Information</b>                              | Personal property, insurance policy number, medical information, or health insurance information, purchased products or services, considered products or services, purchasing or consuming histories or tendencies.                             |
| <b>Biometric Information</b>                               | Voice print, photo.   |
| <b>Internet or Network Activity</b>                        | Information regarding your interactions with websites, applications, and advertisements, browser type, electronic communications, IP address, cookies.  |
| <b>Geolocation</b>   | IP address, physical address, telephone number, state, municipality, location, devices, applications on mobile and computer devices.  |
| <b>Audio, Electronic, Visual, Thermal, Olfactory</b>       | Audio, electronic, photo, visual information, such as a call or video recording, voicemail messages.  |
| <b>Professional Information and Employment Information</b> | Job titles, work history, school attended, employment status, veteran, or military status.  |
| <b>Education Information</b>                               | Job titles, work history, school attended, marital status, e-mail, telephone recordings.  |
| <b>Inferences</b>  | Preferences, behaviors, characteristics, trends, predispositions, attitudes, abilities, and aptitudes.  |
| <b>Sensitive Personal Information</b>                      | Social security number, driver's license number, state ID card, account login, precise geo-location, bank account number, credit or debit card number, or any other financial information, trade union membership, your communications with us. |

## **Purposes For Collection Of Personal Information**

We collect and use your personal information to offer, provide and maintain insurance products and related services to you. We may use your personal information for one or more of the following purposes:

- To offer, provide, and maintain insurance products and related services to you;
- To authenticate and verify your identity; to maintain your preferences and to contact you;
- Security: authentication and verification of your identity, fraud identification and protection;
- Conduct analytics, research and development, improvement of our products and services;
- To conduct quality assurance;
- To provide a location-based product or service requested by you;
- To apply relevant discounts;
- To create profiles based on personal information collected and reflecting individual preferences to provide appropriate or relevant products and services and improve and analyze our products and services and provide relevant marketing;

## **Sources Of Personal Information**

We collect certain information ("nonpublic personal information") about you and the members of your household (collectively, "you") from the following sources:

- Information you provide on applications or other forms, such as your social security number, assets, income, and property information.
- Information about your transactions with us, our affiliates, or others, such as your policy coverage, premiums, and payment history.
- Information from your visits to the websites we operate, use of our mobile sites and applications, use of our social media sites, and interaction with our on-line advertisements.
- Information we receive from consumer reporting agencies or insurance support organizations, such as motor vehicle records, credit report information, and insurance claim history; and
- If you obtain a life, long-term care, or disability product, information we receive from you, medical professionals who have provided care to you and insurance support organizations, regarding your health.

## **How Long Do We Retain Your Information**

We retain your personal data for as long as reasonably necessary to fulfill the purpose for which it was collected or to comply with legal, regulatory, or internal procedures or obligations.

## **How We Protect Your Information**

Our customers are our most valued assets. Protecting your privacy is important to us. We restrict access to personal information to those individuals, such as our employees and agents, who provide you with our products and services. We require individuals with access to your information to protect it and keep it confidential. We maintain physical, electronic, and procedural safeguards that comply with applicable regulatory standards to guard your nonpublic personal information. We do not disclose any nonpublic personal information about you except as described in this notice or as otherwise required or permitted by applicable law.

## **Information We Disclose**

We may disclose the nonpublic personal information we collect about you, as described above, to our affiliates, to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements, and to other third parties, as permitted by law and for our everyday business purposes, such as to process your transactions and maintain your accounts and insurance policies. Many employers, benefit plans or plan sponsors restrict the information that can be shared about their employees or members by companies that provide them with products or services. If you have a relationship with Farmers or one of its affiliates as a result of products or services provided through an employer, benefit plan or plan sponsor, we will follow the privacy restrictions of that organization.

We are permitted to disclose personal health information:

- (1) to process your transaction with us, for instance, to determine eligibility for coverage, to process claims or to prevent fraud;
- (2) with your written authorization; and
- (3) as permitted by law.

When you are no longer our customer, we continue to share your information as described in this notice.

## **Sharing Information with Affiliates**

The Farmers Insurance Group<sup>®</sup> of Companies includes affiliates that offer a variety of financial products and services in addition to insurance. Sharing information enables our affiliates to offer you a more complete range of products and services.

We may disclose nonpublic personal information, as described above in **Information We Collect**, as permitted by law to our affiliates, which include:

- Financial service providers such as insurance companies and reciprocals, investment companies, underwriters and brokers/dealers.
- Non-financial service providers, such as data processors, billing companies and vendors that provide marketing services for us.

We are permitted by law to share with our affiliates information about our transactions and experiences with you. In addition, we may share with our affiliates consumer report information, such as information from credit reports and certain application information, received from you and from third parties, such as consumer reporting agencies and insurance support organizations.

## **IMPORTANT PRIVACY CHOICES**

You have choices about the sharing of some information with certain parties. These choices may differ based on the particular affiliate(s) with which you do business.

For 21st Century customers: We are offering you an opt-out opportunity which is included with your policy documents. If you prefer that we not share your consumer report information with Farmers you may opt-out of such disclosures that is, you may direct us not to make those disclosures - other than as otherwise permitted by law. You may do so by following the procedure explained in the Opt-Out Form. You may opt-out only by returning the Opt-Out Form. We will implement your request within a reasonable time. If it is your decision not to opt-out and to allow sharing of your information with the Farmers affiliates, you do not need respond in any way.

For Bristol West customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may use the Opt-Out Form included with your policy documents. Please verify that your Bristol West policy number is listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. We will implement your request within a reasonable time after we receive it. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy. If it is your decision not to opt-out and to allow sharing of your information with our affiliates, you do not need to request an opt-out or respond to us in any way.

For Farmers customers: If you prefer that we not share consumer report information with our affiliates, except as otherwise permitted by law, you may request an Opt-Out Form by calling toll free, 1-800-327-6377, (please have all of your policy numbers available when requesting Opt-Out Forms). A form will be mailed to your attention. Please verify that all of your Farmers policy numbers are listed. If not, please add the policy numbers on the form and mail to the return address printed on the form. Any policyholder may opt-out on behalf of other joint policyholders. An opt-out by any joint policyholder will be deemed to be an opt-out by all policyholders of the policy issued by the affiliates listed on the Farmers Privacy Notice. We will implement your request within a reasonable time after we receive the form.

**If you decide not to opt-out or if you have previously submitted a request to opt-out on each of your policies, no further action is required.**

**Additionally, under the California Consumer Privacy Act ("CCPA"), California residents have the right to opt out of the sale of personal information to certain third parties.** Although we do not currently share personal information in a manner that would be considered a sale under CCPA, you may still submit a request to opt out by calling us at 1-855-327-6548 or submitting a request through our CCPA Web Form at <https://www.farmers.com/california-consumer-privacy/>.

## **Modifications to Our Privacy Policy**

We reserve the right to change our privacy practices in the future, which may include sharing nonpublic personal information about you with other nonaffiliated third parties. Before we make any changes, we will provide you with a revised privacy notice and give you the opportunity to opt-out of, or, if applicable, to opt-in to that type of information sharing.

## **Website and Mobile Privacy Policy**

Our Enterprise Privacy Statement includes our website and mobile privacy policies which provides additional information about website and mobile application use. Please review those notices if you transmit personal information to us over the Internet through our websites and/or mobile applications.

## **Recipients of this Notice**

While any policyholder may request a copy of this notice, we are providing this notice to the named policyholder residing at the mailing address to which we send your policy information. If there is more than one policyholder on a policy, only the named policyholder will receive this notice. You may receive more than one copy of this notice if you have more than one policy with us. You also may receive notices from affiliates, other than those listed below.

## **More Information about these Laws**

This notice is required by applicable federal and state law. For more information, please contact us.

## **Signed**

Farmers Insurance Exchange, Fire Insurance Exchange, Truck Insurance Exchange, Mid-Century Insurance Company, Farmers Insurance Company, Inc. (A Kansas Corp.), Farmers Insurance Company of Arizona, Farmers Insurance Company of Idaho, Farmers Insurance Company of Oregon, Farmers Insurance Company of Washington, Farmers Insurance of Columbus, Inc., Farmers Insurance Hawaii, Inc., Farmers New Century Insurance Company, Farmers Services Insurance Agency, Farmers Specialty Insurance Company, Farmers Texas County Mutual Insurance Company, Farmers Financial Solutions, LLC (a member of FINRA and SIPC)\*, FFS Holding, LLC, Illinois Farmers Insurance Company, Mid-Century Insurance Company of Texas, Texas Farmers Insurance Company, Civic Property and Casualty Company, Exact Property and Casualty Company, and Neighborhood Spirit Property and Casualty Company, American Federation Insurance Company, 21st Century Advantage Company, 21st Century Assurance Company, 21st Century Auto Insurance Company of New Jersey, 21st Century Casualty Company, 21st Century Centennial Insurance Company, 21st Century Indemnity Insurance Company, 21st Century Insurance & Financial Services, Inc., 21st Century Insurance Company, 21st Century Insurance Company of Southwest, 21st Century North America Insurance Company, 21st Century Pacific Insurance Company, 21st Century Premier Insurance Company, 21st Century Superior Insurance Company, Hawaii Insurance Consultants Ltd., American Pacific Insurance Company, Inc., Bristol West Casualty Insurance Company, Bristol West Holdings, Inc., Bristol West Insurance Company, Bristol West Insurance Services of California, Inc., Bristol West Insurance Services, Inc. of Florida, Bristol West Preferred Insurance Company, BWIS of Nevada, Inc., Coast National Holding Company, Coast National Insurance Company, Foremost County Mutual Insurance Company, Foremost Insurance Company Grand Rapids, Michigan, Foremost Lloyds of Texas, Foremost Property and Casualty Insurance Company, Foremost Signature Insurance Company, and Security National Insurance Company (Bristol West Specialty Insurance Company in TX), Farmers Property and Casualty Insurance Company, Farmers Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Lloyds Insurance Company of Texas, Economy Premier Assurance Company, Farmers Direct Property & Casualty Insurance Company, Toggle Insurance Company.

The above is a list of the affiliates on whose behalf this privacy notice is being provided. It is not a comprehensive list of all affiliates of the companies comprising the Farmers Insurance Group of Companies.

\*For more background information on Farmers Financial Solutions, LLC ("FS" or its registered representatives / Agents, visit FINRA's BrokerCheck at [www.finrabrokercheck.com](http://www.finrabrokercheck.com) or call the BrokerCheck toll free hotline at (800) 289-9999. You may obtain information about the Securities Investor Protection Program (SIPC) including the SIPC brochure by contacting SIPC at (202) 371-8300 or via the internet at [www.sipc.org](http://www.sipc.org). FFS is registered with the US Securities and Exchange Commission and the Municipal Securities Rulemaking Board (MSRB). The MSRB website is accessible at [www.msrb.org](http://www.msrb.org) and includes an Investor Brochure that describes the protections that may be provided by the MSRB and how to file a complaint with the appropriate regulatory authority.



## **Important Policyholder Notice About Your Preferred Community Association Management Coverage**

Dear Policyholder,

This letter is about the **Preferred Community Association Management Coverage Form - J7495** included in your condo/townhome or PUD/homeowners association policy. This form provides important protections for your association, including:

- Directors and officers liability coverage
- Crisis response coverage
- Third-party discrimination and employment practices liability coverage

### **What is crisis response coverage?**

This coverage provides your association with up to \$50,000 to help with expenses after a covered crisis. This can include costs for:

- First aid and emergency care
- Ambulance services
- Hospital and nursing care
- Professional counseling
- Funeral expenses
- Temporary security measures

### **What is third-party discrimination and employment practices liability coverage?**

Third-party discrimination coverage protects your association against claims of discrimination made by people who are not employees. This could include unit owners or their tenants. It covers claims related to discrimination based on:

- Race
- Color
- Religion
- Age
- Sex
- Disability
- Pregnancy
- Sexual orientation
- National origin
- Any other basis prohibited by law

Employment practices liability coverage protects your association against claims made by employees, former employees or job applicants. This includes claims of:

- Discrimination
- Harassment
- Inappropriate employment conduct

Thank you for choosing us for your insurance.



## COMMON POLICY DECLARATIONS

**Named Insured** DILLON PINES TOWNHOME ASSOC  
 \*SEE J7104 AMEND TO NAMED INS

**Mailing Address** C/O SUMMIT RESORT GROUP  
 PO BOX 678  
 FRISCO, CO 80443-2566

F006067513-001-00001

Account No.

07-50-27T

Agent No.

Prod. Count

60438-35-47

Policy Number

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

**Business Description:**  
 Condominium

**Policy Period**    From 04-01-2026 (not prior to time applied for)  
 To 04-01-2027 12:01 A.M. Standard time at your mailing address shown above.

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.

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

| Coverage Parts   | Premium After Discount And Modification |
|--|---|
| Condominiums Owners Policy                               | \$31,675.00                             |
| Preferred Community Association Management               | \$425.00                                |
| Certified Acts Of Terrorism - See Disclosure Endorsement | Included                                |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Total (See Additional Fee Information Below)             | \$32,100.00                             |

**Policy Number:** 60438-35-47

**Effective Date:** 04-01-2026

**Forms Applicable To** 25-9230ED5

PH Reminder - Review Your Coverage

**All Coverage Parts:** J7104-ED1

Amendment To Named Insured

**Your Agent**

Peter Mamich  
1495 Pne Grv Rd #201a  
Steamboat Spri, CO 80487  
(970) 879-1330

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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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



**J7104**  
1st Edition

POLICY NUMBER: 60438-35-47

### AMENDMENT OF NAMED INSURED

#### SCHEDULE

The following is/are the Named Insured(s) on this policy:

DILLON PINES TOWNHOME ASSOC  
DILLON PINES TOWNHOME ASSOCIATION, INC

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



## **Important Notice About Your Insurance**

Dear Insured,

We want to make sure you're aware that this insurance policy does not include workers' compensation coverage. This means it will not pay for medical bills or lost wages if your employees get hurt on the job.

Your state may have laws that require you to have this type of coverage. Please make sure you follow the laws in your state.

For questions, please contact your Farmers<sup>®</sup> agent, or call us at (855)323-5350.

Thanks for choosing Farmers. We're grateful for the opportunity to serve you.

Farmers Insurance Group of Companies<sup>®</sup>

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**



**J6300**  
3rd Edition

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

**SCHEDULE**

|  |        |
|--|--------|
| <b>SCHEDULE - PART I</b>   |        |
| <b>Terrorism Premium (Certified Acts) \$</b>   | 318.00 |
| <b>Additional information, if any, concerning the terrorism premium:</b>                               |        |
|  |        |
| <b>SCHEDULE - PART II</b>  |        |
| <b>Federal share of terrorism losses</b> <u>80</u> % <b>Year: 20</b> <u>26</u>                         |        |
| (Refer to Paragraph <b>B.</b> in this endorsement)   |        |
| <b>Federal share of terrorism losses</b> <u>80</u> % <b>Year: 20</b> <u>27</u>                         |        |
| (Refer to Paragraph <b>B.</b> in this endorsement)   |        |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |        |

**A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part **II** of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



## POLICY DECLARATIONS - CONDO/TOWNHOME PREMIER POLICY

**Named Insured** DILLON PINES TOWNHOME ASSOC  
\*SEE J7104 AMEND TO NAMED INS

**Mailing Address** C/O SUMMIT RESORT GROUP  
PO BOX 678  
FRISCO, CO 80443-2566

**Policy Number** 60438-35-47

**Auditable**

**Policy Period** From 04-01-2026  
To 04-01-2027 12:01 A.M. Standard time at your mailing address shown above.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy. We provide insurance only for those Coverages described and for which a specific limit of insurance is shown.

The following premium credits and discounts applied to the premium associated with this coverage part:

**Favorable Loss Experience Discount**

There may be other credits and discounts you may be able to enjoy, please contact your agent for full details.

**Your Agent**

Peter Mamich  
1495 Pne Grv Rd #201a  
Steamboat Spri, CO 80487  
(970) 879-1330

**PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS**

**The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.**

**Option:** BV - Blanket Value (see Base Coverage & Extensions for the total limit)  
**Valuation:** ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost;  
 ERC - Extended RC; FRC - Functional RC; GRC - Guaranteed RC  
**Abbreviation:** ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense

| Premises Number | Bldg. No. | Covered Premises Address                   | Mortgagee Name And Address |
|-----------------|-----------|--|----------------------------|
| 001             | All       | 301 W La Bonte St<br>Dillon, CO 80435-6943 |                            |

| Coverage   | Option | Valuation | Limit Of Insurance   | Deductible/<br>Waiting Period |
|--|--------|-----------|----------------------|-------------------------------|
| Building   |        | AV        | \$9,078,200          | \$50,000                      |
| Accounts Receivables - On-Premises   |        |           | \$5,000              | \$50,000                      |
| Building - Automatic Increase Amount   |        |           | 8%                   |                               |
| Building Ordinance Or Law - 1 (Undamaged Part)                                   |        |           | Included             | None                          |
| Building Ordinance Or Law - 2 (Demolition Cost)                                  |        |           | \$714,100            | None                          |
| Building Ordinance Or Law - 3 (Increased Cost)                                   |        |           | \$810,900            | None                          |
| Building Ordinance Or Law - Increased Period of Restoration                      |        |           | Included             | None                          |
| Cosmetic Damage Exclusion  |        |           |                      |                               |
| Debris Removal   |        |           | 25% Of Loss + 10,000 |                               |
| Electronic Data Processing Equipment   |        |           | \$10,000             | \$50,000                      |
| Equipment Breakdown  |        |           | Included             | \$50,000                      |
| Equipment Breakdown - Ammonia Contamination                                      |        |           | \$25,000             |                               |
| Equipment Breakdown - Drying Out Coverage  |        |           | Included             |                               |
| Equipment Breakdown - Expediting Expenses  |        |           | Included             |                               |
| Equipment Breakdown - Hazardous Substances                                       |        |           | \$25,000             |                               |
| Equipment Breakdown - Water Damage   |        |           | \$25,000             |                               |
| Exterior Building Glass  |        |           | Included             | \$50,000                      |
| Outdoor Property   |        |           | \$50,000             | \$50,000                      |
| Outdoor Property - Trees, Shrubs & Plants (Per Item)                             |        |           | \$25,000             | \$50,000                      |
| Personal Effects   |        |           | \$2,500              | \$50,000                      |
| Specified Property   |        |           | \$10,900             | \$50,000                      |
| Valuable Paper And Records - On-Premises   |        |           | \$5,000              | \$50,000                      |
| Windstorm Or Hail Percentage/Fixed Dollar Deductible                             |        |           |                      | 2% Of Limit                   |
| Applies separately to:   |        |           |                      |                               |
| a. Each building that sustains loss or damage;                                   |        |           |                      |                               |
| b. Business Personal Property at each building that sustains loss or damage; and |        |           |                      |                               |

| <b>PROPERTY, INLAND MARINE AND CRIME COVERAGES AND LIMITS</b>  |                  |  |                                   |                  |                           |                                       |
|--|------------------|--|-----------------------------------|------------------|---------------------------|---------------------------------------|
| <b>The following coverages apply to the described locations and/or building. Please refer to the Base Coverages And Extensions section for other coverages and extensions applying at the policy level.</b>  |                  |  |                                   |                  |                           |                                       |
| <p><b>Option:</b> BV - Blanket Value (see Base Coverage &amp; Extensions for the total limit)</p> <p><b>Valuation:</b> ACV - Actual Cash Value; AV - Agreed Value; RC - Replacement Cost; ERC - Extended RC; FRC- Functional RC; GRC - Guaranteed RC</p> <p><b>Abbreviation:</b> ALS = Actual Loss Sustained; BI = Business Income; EE = Extra Expense</p> |                  |  |                                   |                  |                           |                                       |
| <b>Premises Number</b>   | <b>Bldg. No.</b> | <b>Covered Premises Address</b>            | <b>Mortgagee Name And Address</b> |                  |                           |                                       |
| 001  | All              | 301 W La Bonte St<br>Dillon, CO 80435-6943 |                                   |                  |                           |                                       |
| <b>Coverage</b>  |                  |  | <b>Option</b>                     | <b>Valuation</b> | <b>Limit Of Insurance</b> | <b>Deductible/<br/>Waiting Period</b> |
| c. Business Personal Property in the open.   |                  |  |                                   |                  |                           |                                       |

**PROPERTY, INLAND MARINE AND CRIME COVERAGE AND LIMITS OF INSURANCE**

**The following Coverages and Extensions apply to all covered locations (premises) and/or buildings. Please refer to the individual location (premises) section for coverages and limits specific to such location (premises).**

| Base Coverage And Extensions                                 | Limit of Insurance | Deductible/<br>Waiting Period |
|--|--------------------|-------------------------------|
| Accounts Receivables - Off-Premises                          | \$2,500            | \$50,000                      |
| Association Fees And Extra Expense                           | \$100,000          |                               |
| Back Up Of Sewers Or Drains                                  | \$250,000          | \$50,000                      |
| Crime Conviction Reward                                      | \$5,000            | None                          |
| Drone Aircraft - Direct Damage (per occurrence)              | \$10,000           | \$50,000                      |
| Drone Aircraft - Direct Damage (per item)                    | \$2,500            | \$50,000                      |
| Employee Dishonesty  | \$10,000           | \$500                         |
| Fire Department Service Charge                               | \$25,000           | None                          |
| Fire Extinguisher Systems Recharge Expense                   | \$5,000            | None                          |
| Forgery And Alteration                                       | \$2,500            | \$50,000                      |
| Limited Biohazardous Substance Coverage - Per Occurrence     | \$10,000           | \$50,000                      |
| Limited Biohazardous Substance Coverage - Aggregate          | \$20,000           | \$50,000                      |
| Limited Cov. - Fungi Wet Rot Dry Rot & Bacteria - Aggregate  | \$15,000           | \$50,000                      |
| Master Key   | \$10,000           | None                          |
| Master Key - Per Lock  | \$100              | None                          |
| Money And Securities - Inside Premises                       | \$10,000           | \$500                         |
| Money And Securities - Outside Premises                      | \$10,000           | \$500                         |
| Money Orders And Counterfeit Paper Currency                  | \$1,000            | \$50,000                      |
| Newly Acquired Or Constructed Property                       | \$250,000          | \$50,000                      |
| Outdoor Signs  | \$50,000           | \$500                         |
| Outdoor Signs - Per Sign                                     | \$25,000           | \$500                         |
| Personal Property At Newly Acquired Premises                 | \$100,000          | \$50,000                      |
| Personal Property Off Premises                               | \$5,000            | \$50,000                      |
| Preferred Community Association Management - Crisis Response | \$50,000           | None                          |
| Premises Boundary  | 100 Feet           |                               |
| Preservation Of Property                                     | 30 Days            |                               |
| Unit Owners - Included With Building                         | Included           | \$50,000                      |
| Valuable Paper And Records - Off-Premises                    | \$2,500            | \$50,000                      |

**LIABILITY AND MEDICAL EXPENSES  
COVERAGE AND LIMITS OF INSURANCE**

**Each paid claim for the following coverage reduces the amount of insurance we provide during the applicable policy period. Please refer to the policy.**

**Premium Basis:** (A) Area; (C) Total Cost; (P) Payroll; (S) Sales/ Receipts; (U) Each Unit  
 (M) Public Area Square Feet  
 (O) Other:

**Covered Premises And Operations**

| Address                                    | Classification / Exposure | Class Code | Prem. Basis | Annual Exposure | Rate     | Advance Premium |
|--|---------------------------|------------|-------------|-----------------|----------|-----------------|
| 301 W La Bonte St<br>Dillon, CO 80435-6943 | Condominiums / Townhomes  | 8641       | Incl        | Included        | Included | Included        |

| <b>LIABILITY AND MEDICAL EXPENSES COVERAGE AND LIMITS OF INSURANCE CONTINUED</b>    |                     |
|---|---------------------|
| <b>Coverage</b>   | <b>Amount /Date</b> |
| General Aggregate (Other Than Products & Completed Operations)                      | \$2,000,000         |
| Products And Completed Operations Aggregate   | \$1,000,000         |
| Personal And Advertising Injury   | Included            |
| Each Occurrence   | \$1,000,000         |
| Tenants Liability (Each Occurrence)   | \$75,000            |
| Medical Expense (Each Person)   | \$5,000             |
| Pollution Exclusion - Hostile Fire Exception  | Included            |
| Preferred Community Association Management - Per Claim                              | \$1,000,000         |
| Preferred Community Association Management - Aggregate                              | \$1,000,000         |
| Directors and Officers Errors and Omissions Liability - Per Claim/Aggregate         | Included            |
| Third Party Discrimination and Employment Practices Liability - Per Claim/Aggregate | Included            |
| Preferred Community Association Management - Self Insured Retention                 | \$1,000             |
| Preferred Community Association Management - Retroactive Date                       | 06/01/2025          |
| Preferred Community Association Management - Prior Knowledge Date                   | 06/01/2025          |
| Hired Auto Liability  | \$1,000,000         |
| Non-Owned Auto Liability  | \$1,000,000         |

**Policy Forms And Endorsements Attached At Inception**

| Number     | Title                                     |
|------------|---|
| 25-2110ED2 | Notice - No Workers' Compensation Covg    |
| 25-6716ED1 | Reciprocal Provisions                     |
| 25-9200ED3 | Farmers Privacy Notice                    |
| 25-9565ED2 | Pref Community Assoc Mgmt Covg Phn        |
| E0104-ED1  | Business Liab Covg - Tenants Liability    |
| E0119-ED5  | Back Up Of Sewers And Overflow Of Drains  |
| E0125-ED1  | Lead Poisoning And Contamination Excl     |
| E0147-ED1  | War Liability Exclusion                   |
| E0224-ED4  | Wind/ Hail Percentage Ded                 |
| E2038-ED3  | Conditional Exclusion Of Terrorism        |
| E3015-ED2  | Calculation Of Premium                    |
| E3024-ED3  | Condominium Common Policy Conditions      |
| E3037-ED1  | No Covg-Certain Computer Related Losses   |
| E3314-ED3  | Condominium Liability Coverage Form       |
| E3336-ED2  | Hired Auto And Non-Owned Auto Liability   |
| E3418-ED2  | Condo Assoc Unit Covg End                 |
| E3422-ED3  | Condominium Property Coverage Form        |
| E4009-ED4  | Mold And Microorganism Exclusion          |
| E6288-ED3  | Exclusion - Conversion Projects           |
| J6300-ED3  | Disclosure - Terrorism Risk Ins Act       |
| J6316-ED2  | Excl Of Loss Due To Virus Or Bacteria     |
| J6350-ED1  | Employee Dishonesty - Property Manager    |
| J6351-ED2  | Limited Terrorism Exclusion               |
| J6353-ED1  | Change To Limits Of Insurance             |
| J6612-ED2  | Equipment Breakdown Coverage Endorsement  |
| J6739-ED1  | Two Or More Coverage Forms                |
| J6829-ED1  | Limited Coverage For Fungi And Bacteria   |
| J6832-ED1  | Agreed Amount Endorsement                 |
| J6833-ED2  | Condominium Premier Package End           |
| J6849-ED2  | Deductible Provisions                     |
| J7110-ED2  | Exclusion Confidential Info               |
| J7114-ED1  | Removal Of Asbestos Exclusion             |
| J7122-ED2  | Loss Payment - Profit, Overhead & Fees    |
| J7131-ED1  | Dishonesty Excl-Tenant Vandal Excp        |
| J7133-ED1  | Limited Biohazardous Substance Cov        |
| J7136-ED1  | Pollution Exclusion - Expanded Exception  |
| J7139-ED1  | Bus Inc & Extra Exp - Partial Slowdown    |
| J7144-ED1  | Amendment Of Pers & Advertising Inj Covg  |
| J7158-ED1  | Damage To Property Exclusion Revised      |
| J7183-ED1  | Limitation - Designated Premises/ Project |
| J7222-ED1  | Marijuana Exclusion                       |

**Policy Number:** 60438-35-47

**Effective Date:** 04-01-2026

**Policy Forms And Endorsements Attached At Inception**

| <b>Number</b> | <b>Title</b>                             |
|---------------|--|
| J7228-ED1     | Drone Aircraft Coverage                  |
| J7230-ED1     | Supplementary Payments                   |
| J7493-ED1     | Windstorm & Hail Loss Cond Endorsement   |
| J7495-ED1     | Pref Community Association Mgmt Coverage |
| J7504-ED1     | Cosmetic Damage Exclusion                |
| J7507-ED1     | Cyber Incident Exclusion                 |
| J7541-ED1     | Broad Abuse Or Molestation Exclusion     |
| J7542-ED1     | Premises Address Schedule                |
| J7544-ED1     | Cyber Incident Liability Exclusion       |
| J7545-ED1     | Exclusion - Violation Of Laws            |
| J7546-ED1     | Exclusion PFAS                           |
| S0741-ED4     | CO Chgs-Canc & Nonrenewal                |
| S0763-ED1     | Colorado Changes                         |

## **WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLES**

This endorsement modifies insurance provided under the following:

APARTMENT OWNERS COVERAGE FORM  
CONDOMINIUM COVERAGE FORM

### **SCHEDULE**

| <b>Location No.</b>  | <b>Windstorm or Hail Deductible Percentage</b> |
|--|--|
|  |  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |  |

The Windstorm or Hail Deductible, as shown in the Schedule, applies to loss of damage to Covered Property caused directly or indirectly by Windstorm or Hail, regardless of any other cause or event that contributes concurrently or in any sequence to the loss or damage. If loss or damage from a covered weather condition other than Windstorm or Hail occurs, and that loss or damage would not have occurred but for Windstorm or Hail, such loss or damage shall be considered to be caused by Windstorm or Hail and therefore part of a Windstorm or Hail occurrence.

With respect to Covered Property at a location identified in the Schedule, no other deductible applies to Windstorm or Hail.

The Windstorm or Hail Deductible applies whenever there is an occurrence of Windstorm or Hail.

### **WINDSTORM OR HAIL DEDUCTIBLE CLAUSE**

In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to the percentage shown in the Schedule of the Limit(s) of Insurance applicable to the property that has sustained loss or damage. This Deductible is calculated separately for, and applies separately to:

- 1.** Each building or structure that sustains loss or damage;
- 2.** The building or structure and to personal property in that building or structure, of both sustain loss or damage;
- 3.** Personal property at each building or structure that sustains loss or damage.

We will not pay for loss or damage until the amount of loss or damage exceeds the Deductible. We will then pay the amount of loss or damage in excess of the Deductible, up to the applicable Limit(s) of insurance.

When property is covered under the Coverage Extension for Newly Acquired Property: In determining the amount, if any, that we will pay for loss or damage, we will deduct an amount equal to a percentage of the value(s) of the property at the time of loss. The applicable percentage for Newly Acquired Property is the highest percentage shown in the Schedule for any described premises.

### **EXAMPLE - APPLICATION OF DEDUCTIBLE:**

The amounts of loss to the damaged property are \$60,000 (building) and \$40,000 (business personal property in building).

The actual Limits of Insurance on the damaged property are \$80,000 on the building and \$64,000 on the business personal property.

The Deductible is 2%.

**Building**

Step (1):  $\$80,000 \times 2\% = \$1,600$

Step (2):  $\$60,000 - \$1,600 = \$58,400$

**Business Personal Property**

Step (1):  $\$64,000 \times 2\% = \$1,280$

Step (2):  $\$40,000 - \$1,280 = \$38,720$

The most we will pay is \$97,120 ( $\$58,400 + \$38,720$ ). The portion of the total loss that is not covered due to the application of the Deductible is \$2,880 ( $\$1,600 + \$1,280$ ).

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



Dear Valued Customer,

Have the growth of your business and rising labor costs reduced the accuracy of the payroll or revenue shown on your policy? Have increased costs and inflationary trends reduced the protection provided by your policy? Building and Business Personal Property insurance limits, once adequate, may no longer meet today's repair or replacement costs.

To help compensate for these inflationary trends, the limits of insurance for Building and/or Business Personal Property coverages have been increased by a modest percentage. To keep your policy current with rising labor costs and normal business growth, the payroll and/or revenue have also been increased by a modest percentage.

This renewal offer includes the adjusted limits of insurance, payroll, revenue, and premium for your policy. The adjustments are relatively small, and they're based on estimated increases in the past year's construction and repair costs, as well as other inflationary factors, such as rising labor costs and normal business growth.

These increases do not guarantee adequate coverage for any loss; they are based on estimates. It is possible, for example, that updates or improvements to your property or increased sales might cause your individual needs for coverage to be greater than the amount provided by these adjustments. If you have not reviewed your policy recently, the effects of inflationary changes over time create the likelihood that the increases we made are less than the increases you need for optimal coverage.

These changes are made to better serve your insurance needs, and we encourage you to contact your Farmers<sup>®</sup> agent, who will be pleased to help you with a comprehensive review of your policy.

Acceptance of these changes does not waive the provisions of the coinsurance clause or any other policy clause.

Thank you for choosing Farmers. We appreciate your business.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



J7504  
1<sup>st</sup> Edition

# COSMETIC DAMAGE EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the:

- APARTMENT OWNERS PROPERTY COVERAGE FORM
- CONDOMINIUM PROPERTY COVERAGE FORM
- BUSINESSOWNERS SPECIAL PROPERTY COVERAGE FORM

## SCHEDULE

| Premises Number | Building Number |
|-----------------|-----------------|
|                 |                 |
|                 |                 |
|                 |                 |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** The following provision applies with respect to the building(s) identified in the Schedule above:  
We will not pay for "cosmetic damage" caused by windstorm or hail to metal roof surfaces, "metal roof materials", or "metal exterior building surfaces" that are part of the buildings and structures.
- B.** For purposes of this endorsement, the following definitions apply:
  - 1.** "Cosmetic damage" means:  
Marring, pitting or other superficial damage that has altered the exterior appearance of the metal roof surfaces, "metal roof materials", "metal exterior building surfaces", and/or their finishes, caused by windstorm or hail. This includes, but is not limited to, any disfigurement, blemish, discoloration, weathering, stretching, scratching, chipping, cracking, scorching, denting, creasing, gouging, fading, staining, tearing, oxidizing, blistering, or thinning.
  - 2.** "Metal roof materials" include:
    - a.** All metal component parts of the roof which are exposed to the weather, including those which extend above the surface of the roof, including, but not limited to all vents, vent caps, turbines and piping;
    - b.** Any materials that are installed when repairing or replacing "metal roof materials", including, but not limited to, sheathing, decking, and flashing.
  - 3.** "Metal exterior building surfaces" include:
    - a.** HVAC unit enclosures, covered parking structures, skylights, flashings, chimney caps, siding, doors, roofs, walls, window frames and gutters.

This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.



## Reciprocal Provisions

Applies only if this policy is issued by Truck Insurance Exchange, Farmers Insurance Exchange, or Fire Insurance Exchange.

This policy is made and issued in consideration of your premium payment to us. It is also issued in consideration of the information you gave to us during the application process, some of which is set out in the Declarations, and in consideration of the Subscription Agreement, which is provided to you and is incorporated herein by reference. You acknowledge that you have read, understood, and agree to all the terms and conditions of the Subscription Agreement. Among other things, the Subscription Agreement appoints your Attorney-in-Fact, authorizes your Attorney-in-Fact to execute interinsurance policies between you and other subscribers and to perform various functions, and addresses compensation of the Attorney-in-Fact. Membership fees that you pay as a subscriber are not part of the premium and are not returnable, unless otherwise required by state law.

We hold the Annual Meeting of the members of the Truck Insurance Exchange at our Home Office at Los Angeles, California, on the first Tuesday following the first Monday following the 15th day of March each year at 1:00 p.m. If this policy is issued by Farmers Insurance Exchange, we hold the Annual Meeting of the members of Farmers Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 2:00 pm. If this policy is issued by Fire Insurance Exchange, we hold the Annual Meeting of the members of Fire Insurance Exchange at our Home Office at Los Angeles, California, on the first Monday following the 15th day of March each year at 10:00 a.m. The Board of Governors may elect to change the time and place of the meeting. If they do so, you will be mailed a written or printed notice at your last known address at least ten (10) days before such a time, barring a public safety incident or an emergency situation that would prevent timely notice. Otherwise, no notice will be sent to you.

The Board of Governors shall be chosen by subscribers from among yourselves. This will take place at the Annual Meeting or at any special meeting that is held for that purpose. The Board of Governors shall have full power and authority to establish such rules and regulations for our management as are not inconsistent with the Subscription Agreement.

Your premium for this policy and all payment made for its continuance shall be payable to us at our Home Office or such location named by us in your premium notice.

This policy is non-assessable.

### Policy Fee Provisions

Applies only if this policy is issued by Mid-Century Insurance Company.

If you pay a policy fee it is fully earned when the policy is issued. It is not part of the premium. It is not returnable.

TRUCK INSURANCE EXCHANGE  
By Truck Underwriters Association  
Attorney-in-Fact

FIRE INSURANCE EXCHANGE  
By Fire Underwriters Association  
Attorney-in-Fact

FARMERS INSURANCE EXCHANGE  
By Farmers Underwriters Association  
Attorney-in-Fact

MID-CENTURY INSURANCE COMPANY

Secretary

President Of Business Insurance