# Declarations
# Businessowners Policy

**Please read your policy**

American Family Insurance Company
6000 American Parkway
Madison WI 53783

For customer service and claims service
24 hours a day, 7 days a week

**1-800-MY AMFAM (1-800-692-6326)**
**amfam.com**

## Named Insured And Mailing Address

Castle Pointe Homeowners Assoc
1323 Castlepoint Cir
Castle Pines CO 80108-8287

## Policy Information

| Policy number | Policy period | Billing account number |
|---|---|---|
| 91001-78947-94 | 5/21/2024 to 5/21/2025<br>12:01 A.M. Standard Time at your mailing address shown above. | 680-522-544-05 |

## Business and Operations Information

Year Started: 1997

Description of Business and Operations:

Form of Business: Unincorporated Condominium Association

Insurance applies only for coverages for which a limit of insurance or the word "Included" is shown unless coverage is provided by an endorsement. Blanket Insurance applies only for coverages for which a Blanket Limit of Insurance is shown.

As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance as stated in this policy.


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Policy Number: 91001-78947-94

| Premium Information | |
|---|---|
| **Total Advance Premium Per Term (Excluding Surcharges and Terrorism):** | $1,423.87 |
| **Certified Acts of Terrorism Premium:** | $0.00 |
| **Total Advance Premium Per Term:** | $1,423.87 |
| **Premium with Customer Full Pay Discount (not available on policies billed to a Third Party):** | $1,423.87 |

This premium may be subject to adjustment. You may be charged a fee when: (a) you pay less than the full amount due; (b) your payment is late; and/or (c) when your bank does not honor your check or electronic payment. Refer to your Billing Notice for fee amounts.

## Policy Level Coverages

**Property Causes Of Loss**

| | |
|---|---|
| Causes Of Loss | |

**General Liability**

| | |
|---|---|
| Liability And Medical Expense Limit | $2,000,000 Per Occurrence |
| Medical Expense Limit | $5,000 |
| Other Than Products/Completed Operations Aggregate | $4,000,000 |
| Products/Completed Operations Aggregate | $4,000,000 |

| | |
|---|---|
| **Cyber Data Breach Coverage** | Refer to BPF 84 75 |
| Without Business Interruption | |

**Directors And Officers Liability**

| | |
|---|---|
| Level | Silver |
| Named Association | Castle Pointe Homeowners Assoc |
| Directors And Officers Liability Annual Aggregate Limit Of Insurance | $1,000,000 |
| Deductible | $1,000 |
| Retroactive Date | 05/21/2020 |
| Extended Reporting Period | No |

**Agent Information**

Jeff Bieber Agency Inc
jbieber@amfam.com

6901 S PIERCE ST STE 240
LITTLETON CO 80128-7206
1-303-948-5982


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Policy Number: 91001-78947-94

**AUTHORIZED REPRESENTATIVE**

President

Secretary


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## Location 1 - Location Details

**Program:** Homeowners Associations

**Location Address:** 1323 CASTLEPOINT CIR CASTLE PINES CO 80108-8287

**Location Description:**


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Policy Number: 91001-78947-94

| Forms And Endorsements | | |
|---|---|---|
| **Form Number** | **Edition Date** | **Title** |
| BP 00 03 | 07 13 | Businessowners Coverage Form |
| BP 04 17 | 01 10 | Employment-Related Practices Exclusion |
| BP 04 39 | 07 02 | Abuse Or Molestation Exclusion |
| BP 04 93 | 01 06 | Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception |
| BP 05 01 | 07 02 | Calculation of Premium |
| BP 05 17 | 01 06 | Exclusion - Silica Or Silica-Related Dust |
| BP 05 24 | 01 15 | Exclusion Of Certified Acts Of Terrorism |
| BP 05 41 | 01 15 | Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside The United States |
| BP 05 77 | 01 06 | Fungi Or Bacteria Exclusion (Liability) |
| BP 05 98 | 07 13 | Amendment Of Insured Contract Definition |
| BP 15 04 | 05 14 | Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception |
| BP 85 04 | 07 10 | Exclusion - Lead Liability |
| BP 85 05 | 07 98 | Exclusion - Punitive Damages |
| BP 85 10 | 07 98 | Other Insurance Limitation Liability And Medical Expenses |
| BP 85 12 | 01 06 | Asbestos Exclusion |
| BP IN 01 | 07 13 | Businessowners Coverage Form Index |
| BPF 80 01 | 08 18 | Businessowners Policy Jacket |
| BPF 80 03 | 08 18 | Businessowners Coverage Form Changes |
| BPF 81 02 | 08 18 | Property Coverage Changes |
| BPF 81 04 | 08 18 | Colorado Changes |
| BPF 85 25 | 08 18 | Marijuana Exclusion |
| BPF 85 26 | 05 22 | Exclusion - Biometric Data, Identifiers or Information |
| BPF 86 03 | 08 18 | Roof Surfacing Loss Payment Schedule |
| BPF 89 01 | 08 18 | Directors And Officers Liability Endorsement - Silver (Condominiums, Co-Ops, Associations) |
| BPF 89 04 | 08 18 | Colorado Changes Directors And Officers Liability Endorsement (Condominiums, Co-Ops, Associations) |
| CFR 80 00 | 10 16 | Policy Change Document |
| CFRN 015 | 05 22 | Notice to Policyholders - Exclusion - Biometric Data, Identifiers or Information |
| CFRN 026 | 09 23 | Notice of Increase in Premium |
| CFRN 027 | 10 23 | Notice to Policyholders - Cyber Data Breach Coverage |
| IL 75 26 | 12 05 | Colorado Endorsement Change |
| PLCF 28833 | 12 20 | Offer Of Terrorism Insurance Coverage And Disclosure Of Premium |


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The complete policy consists of these declarations and the forms and endorsements at the time of issue.

Each paid claim under **Section II - Liability** and **Medical Expenses** coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.


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