

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 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.

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

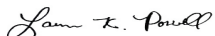
jbieber@amfam.com

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

Policy Number: 91001-78947-94

**AUTHORIZED
REPRESENTATIVE**


President


Secretary

Policy Number: 91001-78947-94

Location 1 - Location Details

Program: Homeowners Associations

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

Location Description:

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

Policy Number: 91001-78947-94

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.