



Westfield
 One Park Circle, P.O. Box 5001
 Westfield Center, OH 44251
 800-243-0210
 WestfieldInsurance.com

**Commercial Common Policy
 Declarations
 New**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050108

Wildwood Lodge Condominium Association
 PO Box 5199
 Breckenridge, CO 80424-5199

Arrow Insurance Management Inc
 PO BOX 860
 BRECKENRIDGE, CO 80424-0860
 Telephone: 970-453-6496

Policy Number: 181633H

Billing Account No: 6000014481

Payment Plan:
 SemiAnnual (Paper
 Invoices)

Policy Period: From 11/01/2021 To 11/01/2022

At 12:01 A.M. standard time at your mailing
 address shown above

Business Of Named Insured: Apartment House

Entity Of Named Insured: Association, Labor
 Union, Religious Organization

Coverage and Premium Summary

Commercial Property Coverage Part	\$13,048.00
Commercial General Liability Coverage Part	\$821.00
Inland Marine Coverage Part	\$1.00
Inland Marine AAIS Coverage Part	Included
Crime And Fidelity Coverage Part	Included
Policy Annual Premium	\$13,870.00

Total Advance Annual Policy Premium

\$13,870.00

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. For more detail, please refer to the individual coverage parts inside your policy.

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73

PLEASE REFER TO IL7097 FOR A DETAILED SUMMARY OF TAXES AND SURCHARGES BY STATE.



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**Commercial Common Policy
Schedule**

New

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At 12:01 A.M. standard time at your mailing
address shown above

Business Of Named Insured: Apartment House

Entity Of Named Insured: Association, Labor Union,
Religious Organization

Schedule of Insured Locations

Loc. 1

120 Sawmill Rd
Breckenridge, CO 80424-5023



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Commercial Property Declarations
New

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 PO Box 5199
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At 12:01 A.M. standard time at your mailing address shown above.

Coverage Provided - Insurance applies at locations shown on the Schedule of Insured Locations and to which a limit of Insurance is shown in these Declarations or specified in an endorsement attached to this Coverage Part.

Coverage and Premium Schedule

Loc.	Bldg.	Coverage	Co Ins.	Ded.	Cause of Loss	Limit Of Insurance	Premium
1	1	120 Sawmill Rd, Breckenridge, CO 80424-5023					
		Building	100%	\$5,000	Special - Incl Theft	\$7,254,400	\$10,677
		Replacement Cost					
		Agreed Value					
		8% Inflation Guard					
		Business Personal Property	100%	\$5,000	Special - Incl Theft	\$201,700	\$496
		Replacement Cost					
		8% Inflation Guard					
		BI & Extra Expense - Business Income Including Rental Value			Special - Incl Theft	ALS	\$464
Total Commercial Property Premium							\$11,515
Total Additional Coverages and Endorsements Premium							\$1,427
Total Terrorism Premium							\$106
Total Advance Annual Commercial Property Premium							\$13,048



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Policy Number: 181633H	Billing Account No: 6000014481	Payment Plan: SemiAnnual (Paper Invoices)
Policy Period: From: 11/01/2021 To: 11/01/2022		At 12:01 A.M. standard time at your mailing address shown above.

Forms and Endorsements Applicable to This Coverage Part:
 Refer to Schedule of Forms and Endorsements - IL DS 73

Schedule of Additional Coverages and Endorsements

Form Number/Endorsement	Premium
CPDS75 - Commercial Property Coverage Part Equipment Breakdown Coverage Schedule	Included
CP0401 - Brands And Labels	Included
CP0405 - Ordinance Or Law Coverage	\$122
CP0407 - Pollutant Clean Up And Removal Additional Aggregate Limit Of Insurance	Included
CP0415 - Debris Removal Additional Insurance	Included
CP0417 - Utility Services - Direct Damage	Included
CP1038 - Discharge From Sewer, Drain or Sump (Not Flood-Related)	Included



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CP1230 - Peak Season Limit Of Insurance	Included
CP1430 - Outdoor Trees, Shrubs And Plants	Included
CP1440 - Outdoor Signs	Included
CP1402 - Unscheduled Building Property Tenant's Policy	Included
CP1509 - Business Income From Dependent Properties - Limited Form	Included
CP1545 - Utility Services - Time Element	Included
CP7070 - Business Income-Actual Loss Sustained Endorsement	Included
CP7195 - Equipment Breakdown Coverage	\$922
CP7181 - Commercial Property Expanded Coverage	\$383
Total Additional Coverages and Endorsements Coverage Premium:	\$1,427

**COMMERCIAL PROPERTY COVERGE PART
EQUIPMENT BREAKDOWN COVERAGE SCHEDULE**

Equipment Breakdown is subject to the Limits of Insurance shown in the Commercial Property Policy Declarations except as specifically shown below.

These coverages apply to all locations covered on the policy, unless otherwise specified.

Coverages	Limits
Equipment Breakdown Limit	
Business Income	
Extra Expense	
<i>The Limits for the following Coverages are included in the Equipment Breakdown Coverage (Including Electronic Circuitry Impairment) endorsement for \$50,000 each unless otherwise specified on the schedule below.</i>	
Data Restoration	
Expediting Expenses	
Hazardous Substances	
Spoilage	
<i>The Service Interruption Limit will follow the Business Income, Extra Expense, Data Restoration or Spoilage Limit with a 24 hour waiting period unless otherwise specified on the schedule below</i>	
Service Interruption	
Other Conditions (A)	

Other Conditions (B)

Schedule of Covered Locations With Deductibles

These coverages apply to all locations covered on the policy, unless otherwise specified

Loc No.	Combined All Coverage Deductible	Direct Coverages Deductible	Indirect Coverages Deductible	Spoilage Deductible
1	\$5,000			



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**Commercial General Liability
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 New**

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Limits of Insurance

Each Occurrence Limit	\$1,000,000
General Aggregate Limit (Other than products/completed-operations)	\$2,000,000
Products/Completed-Operations Aggregate Limit	\$2,000,000
Personal & Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit (Any one premises)	\$1,000,000
Medical Expense Limit (Any one person)	\$5,000

Total Premises/Operations Premium	\$711
Total Products/Completed Operations Premium	Included
Total Additional Coverages and Endorsements Premium	\$107
Total Additional Interests Premium	Included
Total Terrorism Premium	\$3
 Total Advance Annual General Liability Premium	 \$821

Forms And Endorsements Applicable To This Coverage Part:
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Classification and Premium Schedule

Location of all premises owned by, rented to, or controlled by the name insured are shown on the Schedule of Insured Locations, IL DS 02, unless otherwise indicated.



Location	Classification Code and Description	Premium Basis	Rate	Premium
#1: 120 Sawmill Rd, Breckenridge, CO 80424-5023	62003 - Condominiums - residential - (association risk only)	37 Units	19.218 Prem/Ops	\$711
Total Premises/Operations Premium				\$711
Total Products/Completed Operations Premium				Included



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Schedule of Additional Coverages and Endorsements

Form Number/ Endorsement	Premium
CG7164 - Commercial General Liability Expanded	\$107
CG0435 - Employee Benefits Liability Coverage	Included
CG2404 - Waiver of Transfer of Rights of Recovery Against Others to Us	Included
CG7022 - Voluntary Property Damage	Included
CG7023 - Care Custody or Control Coverage Form	Included
-	
Total Additional Coverages and Endorsements Coverage Premium:	\$107



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Schedule of Additional Interests

Form Number/ Endorsement

Premium

CG2027 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Co-Owner of Insured Premises	Included
CG2003 [Automatic status when required by written contract, agreement, or permit] - ADDITIONAL INSURED - CONCESSIONAIRES TRADING UNDER YOUR NAME	Included
CG2005 [Automatic status when required by written contract, agreement, or permit] - ADDITIONAL INSURED - CONTROLLING INTEREST	Included
CG2029 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Grantor of Franchise	Included
CG2034 - Additional Insured-Lessor of Leased Equipment-Automatic Status When Required in Lease Agreement With You	Included
CG2011 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Managers or Lessors of Premises	Included
CG2018 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Mortgagee Assignee or Receiver	Included
CG2024 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-Owners or Other Interests From Whom Land Has Been Leased	Included
CG2012 [Automatic status when required by written contract, agreement, or permit] - Additional Insured-State or Governmental Agency or Subdivision or Political Subdivision-Permits or Authorizations	Included



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CG2015 [Automatic status when required by written contract, agreement, or permit] -
Additional Insured-Vendors

Included

Included

Total Additional Interests Premium:

Included



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**Commercial Inland Marine
 Declarations
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Policy Number: 181633H

Billing Account Number:6000014481

**Payment Plan: SemiAnnual
 (Paper Invoices)**

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Coverage and Premium Schedule

Coverages

Accounts Receivable Coverage Form
 Valuable Papers & Records Coverage Form
 Computer Coverage
 Fine Arts Coverage-Fine Arts Floater

Premium

\$1
 Included
 Included
 Included

Total Additional Interests Premium:

Total Terrorism Premium:

Included

Total Advance Annual Commercial Inland Marine Premium:

\$1

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Commercial Inland Marine
 Accounts Receivable Coverage
 Declarations
 New**

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Accounts Receivable Coverage

SCHEDULE OF LOCATIONS

Loc. No.

Address

1 120 Sawmill Rd, Breckenridge, CO 80424-5023

COVERED PROPERTY AND LIMITS OF INSURANCE

A.	Coverage Applicable At Your Premises	Limit of Insurance
	Loc. No. 1	\$150,000
B.	Coverage Applicable Away From Your Premises	\$5,000

DESCRIPTION OF RECEPTACLES

Loc. No.	Class:	Label:	Issuer:	Manufacturer:
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COINSURANCE

The Coinsurance percentage is 80% unless otherwise stated:



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RATES AND PREMIUM

- | | |
|------------------------------|--------------------|
| A. Non-reporting Rate | Premium \$1 |
| B. Reporting | |
| 1. Deposit Premium | \$0 |
| 2. Minimum Annual Premium | |
| 3. Reporting Period | |
| 4. Premium Adjustment Period | |
| 5. Rates | |

Total Advance Annual Accounts Receivable Premium \$1

DUPLICATE RECORDS:

If this endorsement is attached, the following applies:

Percentage Duplicated:

Forms and Endorsements Applicable To This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



WESTFIELD

Westfield
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800-243-0210
www.westfieldgrp.com

**Commercial Inland Marine
Valuable Papers and Records
Declarations
New**

Company Providing Coverage: Westfield Champion Insurance Company		
Named Insured and Mailing Address:		Agency: 050108
Wildwood Lodge Condominium Association PO Box 5199, Breckenridge, CO, 80424-5199		Arrow Insurance Management Inc PO BOX 860 BRECKENRIDGE CO 80424-0860
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Valuable Papers and Records Declarations Coverage

Effective Date: 11/01/2021

Premium For This Coverage Form:

Included

Rate:

Limit of Insurance

A. PROPERTY AT YOUR PREMISES

Address

120 Sawmill Rd, Breckenridge, CO 80424-5023

a. Specifically Described Property

b. All other Covered Property

**\$150,000 Included with
Expanded**

B. PROPERTY AWAY FROM YOUR PREMISES

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated.

DESCRIPTION OF RECEPTACLES

Address	Manufacturer	Class	Label	Issuer
120 Sawmill Rd Breckenridge CO 80424-5023				

Special Provisions (if any):





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**Commercial Crime & Fidelity
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Crime & Fidelity (Commercial Entities)

Coverage Is Written:

Primary

Excess

Employee Benefit Plan(s) Included As Insureds:

Insuring Agreement	Limit Of Insurance Per Occurrence	Deductible Amount Per Occurrence	Premium
1. Employee Theft	\$50,000	\$500	Included
2. Forgery or Alteration	\$50,000	\$500	Included
3. Inside the Premises - Theft of Money and Securities	\$50,000	\$500	Included
5. Outside the Premises	\$50,000	\$500	Included
7. Money Orders and Counterfeit Money	\$5,000	\$500	Included
Total Commercial Crime Premium			Included
Total Advance Annual Commercial Crime Premium			Included

Forms and Endorsements Applicable To This Coverage:
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Cancellation of Prior Insurance Issued By Us:

By acceptance of this Coverage Part/ Policy you give us notice cancelling prior policy

Nos. _____; the cancellation to be effective at the time this Coverage Part/Policy become effective.





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SCHEDULE OF FORMS AND ENDORSEMENTS

FORMS THAT APPLY TO MULTIPLE COVERAGE PARTS

NUMBER	EDITION DATE	TITLE
ILDS01	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY DECLARATIONS
ILDS02	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY SCHEDULE
IL0003	0908	CALCULATION OF PREMIUM
IL0017	1198	COMMON POLICY CONDITIONS
IL0022	0587	EFFECTIVE TIME CHANGES - REPLACEMENT OF 12 NOON
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL7041	1214	VALUE GUARD ENDORSEMENT
IL7090	0820	EXCLUSION - CONTROLLED SUBSTANCES
IL0169	0702	COLORADO CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD
IL0169	0907	COLORADO CHANGES - CONCEALMENT, MISREPRESENTATION OR FRAUD
IL0228	0907	COLORADO CHANGES - CANCELLATION AND NONRENEWAL
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL7013	1206	EXCLUSION - LEAD
IL0125	1113	COLORADO CHANGES - CIVIL UNION
CL0700	1006	VIRUS OR BACTERIA EXCLUSION

FORMS THAT APPLY TO COMMERCIAL PROPERTY

NUMBER	EDITION DATE	TITLE
CPDS73	0518	COMMERCIAL PROPERTY DECLARATIONS
CPDS75	1218	EQUIPMENT BREAKDOWN COVERAGE
CP0017	1012	CONDOMINIUM ASSOCIATION COVERAGE FORM
CP0030	1012	BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM
CP0060	0695	LEASEHOLD INTEREST COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITIONS
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP0401	1000	BRANDS AND LABELS
CP0405	0917	ORDINANCE OR LAW COVERAGE
CP0407	1091	POLLUTANT CLEAN UP AND REMOVAL ADDITIONAL AGGREGATE LIMIT OF INSURANCE
CP0415	1012	DEBRIS REMOVAL ADDITIONAL INSURANCE
CP0417	1012	UTILITY SERVICES - DIRECT DAMAGE



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CP0460	1012	VACANCY CHANGES
CP1034	1012	EXCLUSION OF LOSS DUE TO BY-PRODUCTS OF PRODUCTION OR PROCESSING OPERATIONS (RENTAL PROPERTIES)
CP1036	1012	LIMITATIONS ON COVERAGE FOR ROOF SURFACING
CP1038	1012	DISCHARGE FROM SEWER, DRAIN OR SUMP (NOT FLOOD-RELATED)
CP1230	0695	PEAK SEASON LIMIT OF INSURANCE
CP1410	0695	ADDITIONAL COVERED PROPERTY
CP1430	1012	OUTDOOR TREES, SHRUBS AND PLANTS
CP1440	0607	OUTDOOR SIGNS
CP1402	0917	UNSCHEDULED BUILDING PROPERTY TENANT'S POLICY
CP1509	1012	BUSINESS INCOME FROM DEPENDENT PROPERTIES - LIMITED FORM
CP1545	0917	UTILITY SERVICES - TIME ELEMENT
CP9993	1090	TENTATIVE RATE
CP7070	0712	BUSINESS INCOME-ACTUAL LOSS SUSTAINED ENDORSEMENT
CP9904	1219	CANNABIS EXCLUSION WITH HEMP EXCEPTION
CP0320	0418	MULTIPLE DEDUCTIBLE FORM (FIXED DOLLAR DEDUCTIBLES)
CP1531	0917	ORDINANCE OR LAW - INCREASED PERIOD OF RESTORATION
CP1030	0917	CAUSES OF LOSS - SPECIAL FORM
CP1075	1220	CYBER INCIDENT EXCLUSION
DCTSCH	EDUL	DCT SCHEDULE FOR CP03200418
CP7195	0321	EQUIPMENT BREAKDOWN COVERAGE(INCLUDING ELECTRONIC CIRCUITRY IMPAIRMENT)
CP7181	0321	COMMERCIAL PROPERTY EXPANDED COVERAGE

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

NUMBER	EDITION DATE	TITLE
CGDS01	0518	COMMERCIAL GENERAL LIABILITY DECLARATIONS
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG0435	1207	EMPLOYEE BENEFITS LIABILITY COVERAGE
CG2003	1219	ADDITIONAL INSURED - CONCESSIONAIRES TRADING UNDER YOUR NAME
CG2004	1185	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2005	1219	ADDITIONAL INSURED - CONTROLLING INTEREST
CG2011	1219	ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES
CG2012	1219	ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS
CG2015	1219	ADDITIONAL INSURED - VENDORS



Westfield
 One Park Circle, P.O. Box 5001
 Westfield Center, OH 44251
 800-243-0210
 WestfieldInsurance.com

**Schedule of Forms and
 Endorsements
 New**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:	Agency: 050108
Wildwood Lodge Condominium Association PO Box 5199 Breckenridge, CO 80424-5199	Arrow Insurance Management Inc PO BOX 860 BRECKENRIDGE, CO 80424-0860 Telephone: 970-453-6496

Policy Number: 181633H **Billing Account No:** 6000014481 **Payment Plan:** SemiAnnual
 (Paper Invoices)

Policy Period: From 11/01/2021 To 11/01/2022 At 12:01 A.M. standard time at your mailing
 address shown above

CG2018	1219	ADDITIONAL INSURED - MORTGAGEE, ASSIGNEE OR RECEIVER
CG2024	1219	ADDITIONAL INSURED - OWNERS OR OTHER INTERESTS FROM WHOM LAND HAS BEEN LEASED
CG2027	1219	ADDITIONAL INSURED - CO-OWNER OF INSURED PREMISES
CG2029	1219	ADDITIONAL INSURED - GRANTOR OF FRANCHISE
CG2034	1219	ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT - AUTOMATIC STATUS WHEN REQUIRED IN LEASE AGREEMENT WITH YOU
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG2132	0509	COMMUNICABLE DISEASE EXCLUSION
CG2147	1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2404	1219	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
CG2426	0413	AMENDMENT OF INSURED CONTRACT DEFINITION
CG2503	0509	DESIGNATED CONSTRUCTION PROJECT(S) GENERAL AGGREGATE LIMIT
CG2504	0509	DESIGNATED LOCATION(S) GENERAL AGGREGATE LIMIT
CG4015	1219	CANNABIS EXCLUSION WITH HEMP EXCEPTION
CG7017	1298	EXCLUSION-ASBESTOS
CG7022	0518	VOLUNTARY PROPERTY DAMAGE
CG7023	0715	CARE CUSTODY OR CONTROL COVERAGE FORM
CG7164	0518	COMMERCIAL GENERAL LIABILITY EXPANDED
CG9909	1219	PREMIUM AUDIT NONCOMPLIANCE CHARGE
CG3378	0510	COLORADO CHANGES - EMPLOYEE BENEFITS LIABILITY COVERAGE

FORMS THAT APPLY TO INLAND MARINE

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
CMD573	0518	COMMERCIAL INLAND MARINE ACCOUNTS RECEIVABLE COVERAGE DECLARATIONS
CMD586	0518	COMMERCIAL INLAND MARINE VALUABLE PAPERS AND RECORDS DECLARATIONS
CM0001	0904	COMMERCIAL INLAND MARINE CONDITIONS
CM0066	0113	ACCOUNTS RECEIVABLE COVERAGE FORM
CM0067	0113	VALUABLE PAPERS AND RECORDS COVERAGE FORM
CM9007	0720	CANNABIS EXCLUSION WITH HEMP EXCEPTION



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Named Insured and Mailing Address:

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Wildwood Lodge Condominium Association
 PO Box 5199
 Breckenridge, CO 80424-5199

Arrow Insurance Management Inc
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 BRECKENRIDGE, CO 80424-0860
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NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
IM7201	1002	COMPUTER COVERAGE
IM7206	0112	COMPUTER COVERAGE - SCHEDULE OF COVERAGES
IM7400	0811	FINE ARTS COVERAGE - FINE ARTS FLOATER
IM7405	0811	SCHEDULE OF COVERAGES - FINE ARTS FLOATER
IM7406	0811	FINE ARTS SCHEDULE - FINE ARTS FLOATER
IM7226	0112	FOREIGN TRANSIT AND LOCATION COVERAGE
IM7423	1112	DISHONEST ACTS EXCLUSION

FORMS THAT APPLY TO CRIME

NUMBER	EDITION DATE	TITLE
CRDS70	0518	COMMERCIAL PACKAGE POLICY COMMERCIAL CRIME & FIDELITY DECLARATIONS
CR0021	1115	COMMERCIAL CRIME COVERAGE FORM (LOSS SUSTAINED FORM)
CR0160	0807	COLORADO CHANGES

