

**Commercial Multi-Peril Application
Residential Community Association**

Agent's Name Jack Ciudadaj
Agent's Code 06-2029
Policy Number 96-C2-R321-6 F

New <input checked="" type="radio"/> Rew. <input type="radio"/> of Policy Number	Effective Date 01-17-2019	Expiration Date 01-17-2020	Existing State Farm® Client Yes <input checked="" type="radio"/> No <input type="radio"/>
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Applicant

Name	Last Name ROOSEVELT RIDGE LLC	First Name	Middle Name or Initial
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DBA _____

The named applicant is **LLC** Date of Birth - For Individual Only _____

Email Address _____ Website Address _____

Home Phone _____ ext. _____ Work Phone _____ ext. _____

Cell Phone **(281) 900-8448** ext. _____ Fax Number _____ ext. _____

Mailing Address Number and Street **1630A 30TH ST STE 442** City **BOULDER** State **CO** ZIP Code **80301-1014**

Is the address of location 1 the same as the mailing address? Yes No

Name and address of management firm / trustee _____

Person to contact for inspection _____ Contact's phone number _____ ext. _____

Applicant(s) Acknowledgement

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Coverage is not provided until this application is approved by the State Farm Underwriting Department.

By submission of this application, you agree that: (1) you have read this application, (2) your statements on this application are correct, (3) the coverages, including extensions and endorsements, and the amounts of coverage on this application are those chosen by you, (4) the premium charged must comply with the State Farm rules and rates and may be revised, and (5) the final premium for auditable policies will be determined by audit of your financial and payroll records.

USE OF CONSUMER REPORTS - A consumer report may be requested in connection with this application.

Regarding Your Coverage Amount...

It is up to you to choose the coverages and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your building. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.® using information you provide about your building. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your building.

State Farm does not guarantee that any estimate will be the actual future cost to rebuild your building. Higher limits are available at higher premiums. Lower limits are also available, which if selected may make certain coverages unavailable to you.

We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your building.

Other Interests

Type: Mortgagee 2nd Mortgagee 3rd Mortgagee Named Additional Insured
 Loss Payable - All Other Loss Payable - Lender's Loss Payable - Contract of Sale

Name _____
Number and Street _____
City _____ State _____ ZIP Code _____ Loan Number _____ Mortgagee Subset Code _____

Does the Additional Interest need to receive a copy of the policy declarations at issuance and renewal? Yes No Note: If Additional Interest requires a Certificate of Insurance, please attach a copy of the issued ACORD® Certificate of Insurance to the application when submitted.

Does the Additional Interest need to receive a copy of the cancellation notice? Yes No

General Information

Does this risk meet all Underwriting Guide requirements? Yes No
If no, explain: _____

Has any insurer canceled or refused to issue or renew similar insurance for the named applicant within the past 3 years? Yes No
If yes, provide an explanation: _____

Previous policy expired for non-pay in error.

Has the applicant been insured with State Farm under a Commercial Package policy within the last 3 years? Yes No
If yes, list policy numbers: _____

Has the applicant had business insurance for the last 3 years? Yes No
If yes, complete the following:

Current and Prior Insurance Carrier(s)	Policy Number	Insured From	To

Has applicant had a loss, insured or not, in the past 3 years (fire, wind, crime, liability, etc.)? Yes No
If yes, list losses below:

Date of Loss	Cause and Description of Loss	Total Amount of Loss
		\$

Residential Community Association

Location Schedule

Coverage A - Building(s)
Select the building coverage you want.
 CMP - Replacement Cost Building Coverage Not Desired
 CMP - Actual Cash Value
If more than one building / location: Schedule Blanket

Coverage B - Business Personal Property
Select the Business Personal Property coverage you want.
 Replacement Cost Business Personal Property Coverage Not Desired
 Actual Cash Value

For additional scheduled buildings or locations, please add sections here → 1

Location Number 1	Building Number	Location of Property - Number and Street 1 Roosevelt Ridge HOA
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City BLACK HAWK	State ZIP Code CO 80422	County GILPIN
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Coverage A - Building(s)
Submit replacement cost estimate / documentation for each building type.

Building \$ 0

Auxiliary Structures - (Includes value of all outbuildings, fences, walkways, and lights. Note types of structures below.)

Auxiliary Structures \$ 50,000

Describe GATE MARKING THE FRONT OF COMMUNITY

Xactware estimate number N/A

Coverage B - Business Personal Property
Include values of leased furniture and equipment. Include the value of improvements and betterments if the applicant is a tenant.

Contents (including average inventory) \$ _____

Property of Others \$ _____

Owned and Leased Furniture \$ _____

Owned and Leased Equipment \$ _____

Total Business Personal Property \$ 0

Applicant's interest in the premises: Owner-occupant Owner-lessor

Has the building ever been converted or remodeled? Yes No
 If yes, explain: _____

Total square footage of area (Office, Owner-lessor and condo unitowner risks only) _____ square feet Year Built **2005**

How many units are in this location? 5 Number of residential? 5 Number of commercial? _____ How long at this location? 13 years

Construction: Frame Masonry Veneer Masonry Non-combustible Masonry Non-combustible Fire Resistive

List age of the following: Heating Plant 0 years Wiring 0 years Plumbing 0 years Roof 0 years

Roof Material: Comp Shingle Tar and Gravel Metal Wood Other (describe)

Auxiliary structure building construction: Frame Masonry Veneer Masonry Non-combustible Masonry Non-combustible Fire Resistive

Zone 35 Subzone _____ Protection Class (not applicable in all states) _____

Name of Fire Protection Area (FPA) where risk is located (as listed in the Rate) _____

Distance to servicing fire station 5 miles Is Risk inside City Limits? Yes No If no, explain: _____

Is Risk located within 1,000 feet of hydrant? Yes No Is Risk 100% fully protected with an automatic sprinkler system? Yes No Is sprinkler system inspected annually? Yes No

Number of stories 2 Number of fire divisions 5 Number of units per fire division 1

Is cooking done on premises? Yes No If yes, explain in remarks. Is security guard employed by the applicant at this location? Yes No

Protective Devices - check all that apply: Local pull station fire alarm Local burglar alarm Fire or smoke central station alarm Central station / proprietary burglar alarm

Name of alarm company _____ Certificate Number _____

Description of system _____

List all occupancies / exposures within 60 feet _____

PERIL BASED RISK INFORMATION:

According to the Peril Based Risk Information System (PBRI), is the risk located within any defined PERIL BASED EXPOSURE AREA? Yes No

Check all that may apply:

Wind Hail Earthquake Hurricane Surge Wildfire / Firebreak+ Landslide Other defined setback area

Premises

Inspected by _____ Title _____ Inspection Date _____

Additional Coverages

Deductible \$ **1,000**

Coverage L - Liability

Occurrence Limit \$ **1,000,000**

Note: The annual aggregate and Products / Completed Operations aggregate limits are equal to 2 times the Occurrence limit.

Coverage M - Medical Payments

\$5,000 Each Person - Included Other \$ _____

Note: Subject to the occurrence and annual aggregate limits.

Loss of Income and Extra Expense - Included - (not exceeding 12 consecutive months) actual loss sustained

Extensions and Endorsements (check boxes - can select multiple)

Property	Amount Included (if any)	Additional Elected Amount	Total Coverage
<input type="checkbox"/> Accounts Receivable	On Premises \$50,000	+	= \$50,000
	Off Premises \$15,000	+	= \$15,000
Back-Up of Sewer or Drain (Coverage A and B)		Included	
<input type="checkbox"/> Computer Property Form	Property \$10,000	+	= \$10,000
	Loss of Income and Extra Expense \$10,000	+	= \$10,000
Deductible <input type="radio"/> \$500 <input type="radio"/> Other \$ _____			
<input type="checkbox"/> Data Compromise (Identity Restoration must also be selected)			
<input type="checkbox"/> Earthquake	EQ Zone _____ Yes <input type="radio"/> No <input type="radio"/>	Earthquake Deductible _____ Yes <input type="radio"/> No <input type="radio"/>	% Construction Rating Code (Does not apply to all states) _____
Does Building have Masonry Veneer? <input type="radio"/> Yes <input type="radio"/> No Is coverage desired on veneer? <input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> Employee Dishonesty <small>(special deductible of \$250 applies)</small>	Number of Employees (for all locations) _____	\$25,000	+
Equipment Breakdown		Included	
<input type="checkbox"/> Forgery and Alterations	\$10,000	+	= \$10,000
<input type="checkbox"/> Identity Restoration			
<input type="checkbox"/> Interior Building Damage			

Does the Association have an insurable interest in all property including residential living units?	Yes	No	
<input checked="" type="radio"/> <input type="radio"/>			
Fully describe the applicant's entire scope of business activities on and off premises: HOME OWNER'S ASSOCIATION			
Does the applicant manage, lease or rent property for others?	Yes	No	If yes, explain: _____
		<input type="radio"/> <input checked="" type="radio"/>	
Does the applicant contemplate any change in operations and / or payroll in the next two years?	Yes	No	If yes, explain in the space provided below.
		<input type="radio"/> <input checked="" type="radio"/>	
Do employees use their personal vehicles in the course of business?		Yes	No
		<input type="radio"/> <input checked="" type="radio"/>	If yes, explain how the employees use their personal vehicles for business purposes below.
Explain driver selection: _____		Number of employees using their personal vehicles for business use: _____	
Directors and Officers Liability			
Complete if Directors and Officers Liability is to be provided:			
Attach a copy of the applicant's most recent financial statement and state the annual costs of maintenance and operations of the common areas.			
Is the developer or a representative of the developer on the board?	Yes	No	If yes, what percentage of the votes does he / she control? _____ % (Explain in Remarks any voting advantage the developer has.)
		<input type="radio"/> <input type="radio"/>	
Does the developer retain the right to add to the project and / or alter voting rights?			Yes No <input type="radio"/> <input type="radio"/>
If yes, explain in the space below: _____			
Is the developer the management agent or in any way affiliated with the management agent?			Yes No <input type="radio"/> <input type="radio"/>
If yes, explain in the space below: _____			
Are reports made directly to the entire board?			Yes No <input type="radio"/> <input type="radio"/>
If no, explain in the space below: _____			
Are accounts audited at least annually by someone other than the treasurer?			Yes No <input type="radio"/> <input type="radio"/>
If no, explain in the space below: _____			
Does any director or officer have the information or knowledge of any act, error or omission which might give rise to a claim under the proposed insurance or have knowledge of any pending suit?			Yes No <input type="radio"/> <input type="radio"/>
If yes, explain any claim or action arising therefrom is excluded from this proposed coverage: _____			
Are contingency funds set aside for needed future renovations or remodeling?			Yes No <input type="radio"/> <input type="radio"/>
If no, explain in the space below: _____			
How are changes in assessment handled and by whom?	_____		
If there are restrictions on unitowner's right to sell, are there safeguards to prevent monetary loss to the unitowner?			Yes No <input type="radio"/> <input type="radio"/>
If yes, explain in the space below: _____			

Any leaseback agreements? If yes, explain including in whose favor: Yes No

Describe all common areas and recreational facilities: _____

These facilities are owned by: Association Developer Outside party (explain): _____

Are any of the recreational facilities rented or open to the public? If yes, explain in the space below: Yes No

Is day or nursing care provided to residents? If yes, explain in the space below: Yes No

Premium / Payment Information Application taken: **01-02-2019** **03:41 PM**
Initials of agent or licensed staff person taking the application: **JJC**

<input type="radio"/>	<input type="radio"/>	Payment 1	Amount Paid \$	<input type="radio"/>		Payment 2	Amount Paid \$
Yes	No	<input type="radio"/> Cash	Check Number	<input type="radio"/> Cash		<input type="radio"/> Cash	Check Number
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/> Check		<input type="radio"/> Check	<input type="radio"/>		
<input type="radio"/> Credit Card		Reference Number	Amount Paid	Credit from other policy		Balance Due	Total Premium
<input checked="" type="radio"/> EFT		2M2TB09U	\$ 1,107.00	\$ 0.00		\$ 0.00	\$ 1,107.00

Billing Information

Should named insured be billed for renewals? Yes No

Should named insured be billed for endorsements? Yes No

Remarks