

TRAVELERS 

Report Claims Immediately by Calling*

1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires Written Notice or Reporting

COMMERCIAL CONDOMINIUM PAC



A Custom Insurance Policy Prepared for:

METCALF COMMERCIAL PARK HO
ASSOC.
C/O WALTER REALTY GROUP
P.O. BOX 1988
EDWARDS CO 81632

Presented by:

**ALLEN INSURANCE
AGENCY, INC.**

BOX 610 • 237 BROADWAY
EAGLE, CO 81631
970-328-6868 • FAX 970-328-6671

SERVES YOU FIRST



RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
COMMERCIAL CONDOMINIUM PAC
BUSINESS: OFFICE

POLICY NO.: I-680-1495L105-TIL-10
ISSUE DATE: 01-15-10

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

METCALF COMMERCIAL PARK HO
ASSOC.
C/O WALTER REALTY GROUP
P.O. BOX 1988
EDWARDS CO 81632

2. POLICY PERIOD: From 03-11-10 to 03-11-11 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
01	01	OFFICE	281 METCALF RD. AVON CO 81620

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	TIL

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
--------	---------------	------------------

DIRECT BILL

7. PREMIUM SUMMARY:

Provisional Premium	\$	11,622.00
Due at Inception	\$\$\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

ALLEN INS AGENCY INC F1761
P O BOX 610
EAGLE CO 81631

COUNTERSIGNED BY:


Authorized Representative

DATE:

2/17/10



BUSINESSOWNERS COVERAGE PART DECLARATIONS

COMMERCIAL CONDOMINIUM PAC

POLICY NO.: I-680-1495L105-TIL-10

ISSUE DATE: 01-15-10

INSURING COMPANY:
TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

POLICY PERIOD:
From 03-11-10 to 03-11-11 12:01 A.M. Standard Time at your mailing address.

FORM OF BUSINESS: CORPORATION

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM	LIMITS OF INSURANCE
General Aggregate (except Products-Completed Operations Limit)	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000
Personal and Advertising Injury Limit	\$ 1,000,000
Each Occurrence Limit	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Payments Limit (any one person)	\$ 5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 1,000 per occurrence.
Building Glass: \$ 1,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

Other additional coverages apply and may be changed by an endorsement. Please read the policy.

SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**



BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01 BUILDING NO.: 01

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING *Replacement Cost	\$ 7,874,048	RC*	N/A	4.0%

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.



TRAVELERS CORP. TEL: 1-800-328-2189
OFFICES & STORES - ALL OTHER
COMMON POLICY DECLARATIONS
ISSUE DATE: 01/29/10
POLICY NUMBER: BAJ-BME1-0459L305-TIA-10

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:
METCALF COMMERCIAL PARK OWNERS
C/O WALTER REALTY
P.O. BOX 1988
EDWARDS, CO 81632

2. POLICY PERIOD: From 03/11/10 to 03/11/11 12:01 A.M. Standard Time at
your mailing address.

3. LOCATIONS
Premises Bldg.
Loc. No. No. Occupancy Address

SEE IL TO 03

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:
EQUIPMENT BREAKDOWN PROTECTION DECLARATIONS EB TO 00 08 08 TIA

5. NUMBERS OF FORMS AND ENDORSEMENTS
FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy
containing its complete provisions:
Policy Policy No. Insuring Company

DIRECT BILL

7. PREMIUM SUMMARY:
Provisional Premium \$ 506
Due at Inception \$
Due at Each \$

NAME AND ADDRESS OF AGENT OR BROKER:
ALLEN INSURANCE AGENCY (PT720)
PO BOX 610
EAGLE, CO 81631

COUNTERSIGNED BY:


Authorized Representative

DATE: 2/17/10

IL TO 02 11 89 (REV. 09-07) PAGE 1 OF 1
OFFICE: DENVER



**ENERGYMAX 21
EQUIPMENT BREAKDOWN PROTECTION
DECLARATIONS**

**POLICY NUMBER: BAJ-BME1-0459L305-TIA-10
ISSUE DATE: 01-29-10**

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF AMERICA

EFFECTIVE DATE: Same as Policy unless otherwise specified:

COVERED PREMISES:

The Coverage Provided By This Coverage Part Applies To All Locations Covered By This Policy Except Those Listed Below:

EXCEPTIONS:

The Limits of Insurance for Property Damage and the Coverage Extensions and Limitations are part of, not in addition to, the Total Limit per Breakdown.

If INCLUDED is shown under Limit of Insurance for Property Damage or a Coverage Extension or Limitation, then the limit for such coverage is part of, not in addition to, the other Limit of Insurance identified.

The Coverage Extensions listed below apply only if a limit or other coverage indicator is shown under the Limit of Insurance for that Coverage Extension.

The Coverage Limitations listed below always apply.

COVERAGE and LIMIT OF INSURANCE

Total Limit per Breakdown:

\$7,349,000

1. Property Damage (PD):

\$7,210,000

2. Coverage Extensions and Limitations:

a. Business Income Coverage Extension (BI):

\$139,000

Business Income "Period of Restoration" extension:

30 Days

b. Extra Expense Coverage Extension (EE):

INCLUDED IN BI LIMIT

Extra Expense "Period of Restoration" extension:

30 Days

c. Spoilage Damage Coverage Extension (SD):

\$25,000

Utility Interruption – Spoilage coverage applies only if the interruption lasts at least (waiting period):

12 Hours

d. Utility Interruption – Time Element Coverage Extension (UI-TE):

\$100,000

Utility Interruption – Time Element coverage applies only if the interruption lasts at least (waiting period):

12 Hours

e. Civil Authority Coverage Extension:

NOT COVERED



