



**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

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## COMMERCIAL CONDOMINIUM PAC

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**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 INS AGENCY INC**

## RENEWAL CERTIFICATE

**COMMON POLICY DECLARATIONS**  
COMMERCIAL CONDOMINIUM PAC  
**BUSINESS: OFFICE**

**POLICY NO.:** I-680-1495L105-IND-11  
**ISSUE DATE:** 01-14-11

**INSURING COMPANY:**  
THE TRAVELERS INDEMNITY COMPANY

**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 03-11-11 to 03-11-12 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	IND

**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
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DIRECT BILL

**7. PREMIUM SUMMARY:**

Provisional Premium	\$	10,119.00
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:** 2/29/11



**BUSINESSOWNERS COVERAGE PART DECLARATIONS**

COMMERCIAL CONDOMINIUM PAC

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**INSURING COMPANY:**  
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**POLICY PERIOD:**  
From 03-11-11 to 03-11-12 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**



