

61 394 46 PZ

CT CONDOMINIUM OWNERS
DBA SADDLE PEAK PROPERTIES
PO BOX 4240
BOZEMAN, MT 59772-4240

PLEASE KEEP THIS FOR YOUR RECORDS

We are pleased to serve your business insurance needs. Our company is committed to providing you high quality insurance protection and superior service.

If you should have any questions about your insurance portfolio or if you wish to make a change to your policy, please contact your agent.

IMPORTANT INFORMATION ABOUT YOUR POLICY

Please spend a few minutes to read and understand your policy. Some items to which you should pay special attention are as follows:

- **Special Required State Notices.** These notices, when included, point out specific items concerning your policy. We urge you to read them.
- **Declarations Page.** This shows such information as your name, address, the coverages provided, the policy term, policy limits, list of coverage forms, premium amounts, and other individualized information.
- **Coverage and Endorsement Forms.** This is the section of your policy which provides policy and coverage information. Please read it carefully.

POLICY NUMBER
ACP 30-2-9720725

BILLING ACCOUNT NUMBER
235676175

Your Commercial Insurance Portfolio

Courtesy of :

AGENCY - MT- 03269

HUB INTERNATIONAL MTN STS LTD
3533 GABEL RD
BILLINGS MT 59102-7307

AGENCY PHONE # 406-582-8868

COMMERCIAL PACKAGE - ACP 30-2-9720725

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IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CONSUMER REPORT INQUIRY NOTICE

Consumer reports, including credit history may have been ordered from a consumer reporting agency to underwrite and/or rate your insurance policy. You have the right to access this information and request correction of any inaccuracies. Your consumer reports, including your credit history are not affected in any way by our inquiry.

We are committed to respecting your privacy and safeguarding your personal information.

ALLIED COM-PAK SUMMARY

PRINTED 04/05/2022

1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

Number: ACP 3029720725 Effective from 06/01/2022 to 06/01/2023

Named Insured: CT CONDOMINIUM OWNERS
DBA SADDLE PEAK PROPERTIES

Mailing Address: PO BOX 4240
BOZEMAN, MT 59772-4240

Agency Name: HUB INTERNATIONAL MTN STS LTD 25 03269-006 46

Agency Address: BILLINGS MT 59102-7307 (406)582-8868

Producer: BLAINE D MARTIN

Division	Program	Total Premium
A	COMMERCIAL GENERAL LIABILITY (AMCO)	\$ 8,423.00
B	COMMERCIAL PROPERTY (DEPOSITORS)	\$ 42,512.00

Not a bill. Your bill is sent separately.

AI

Estimated Total Premium: \$ 50,935.00

This Com-Pak is a portfolio of individual policies which serves to combine various insurance coverages written under a group of separate contracts of insurance.

PAKSUM 01 08

NOTICE OF TERRORISM INSURANCE COVERAGE
NOTICE – DISCLOSURE OF PREMIUM

(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy. You should read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.)

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term “act of terrorism” means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.

COMMERCIAL PROPERTY (DEPOSITORS)

Named Insured: **CT CONDOMINIUM OWNERS - DBA
SADDLE PEAK PROPERTIES**
Address: **PO BOX 4240
BOZEMAN MT 59772-4240**

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IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.

IMPORTANT FLOOD INSURANCE NOTICE

Thank you for the opportunity to provide your important insurance protection. As your insurance provider, we like to keep you informed of important issues that can potentially impact your property assets. This letter is to remind you of the importance of considering flood insurance and the importance of reviewing your policies on a regular basis.

Your Commercial Property (Premier Businessowners, and/or Commercial Property) and Farmowners' policy does not cover damage from floods to any property resulting directly or indirectly from "water." Excluded "water" losses include, but are not limited to those caused by flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not. These types of loss or damage caused by "Water" are excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss. You will need to read your policy for all of the details about excluded water losses. This is just a summary of the excluded water losses to highlight some important flood-related issues.

In most communities, you can obtain flood insurance through your agent that is backed by the federal government's National Flood Insurance Program. In those qualifying communities, you can obtain flood insurance protection for your property regardless of your flood zone or flood risk.

Your agent can assist you in 1) determining if your community participates in the National Flood Insurance Program, 2) assessing your flood risk, and 3) understanding flood policy availability. To learn more about flood insurance and your risk of flooding access the National Flood Insurance Program's consumer website at www.FloodSmart.gov.

As you consider the risk of flooding in your area and consider your options for obtaining valuable protection, consider that:

- All property is in a flood zone, regardless of whether an area has been defined as high risk or low risk.
- Nearly 25% of all flood claims are for properties located in lower-risk flood areas or locations where flooding is not expected.
- Floods can happen anywhere, at any time, causing anguish, destruction, and financial damage.
- Changing weather patterns, as well as residential and business development, may increase your chance of experiencing a flood.
- Flooding can occur as a result of clogged, overloaded, or inadequate storm drains. You don't have to live near a body of water to be flooded.
- Federal disaster assistance is often a loan and must be repaid with interest.
- Your commercial property and/or farmowner policies exclude loss by flooding.

Ask your agent about obtaining flood insurance for commercial property today. Thank you for choosing us to meet your insurance needs. We value your business.



IMPORTANT INSURANCE INFORMATION



Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

DATA BREACH & IDENTITY RECOVERY SERVICES

Data Breach Services Information:

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub®portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code: **12116-73**.
- Enter the challenge word on the screen, and click “Submit” and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

In addition, you have the ability to purchase Data Compromise Insurance coverage and CyberOne Insurance coverage.

The Data Compromise coverage covers the costs incurred by an insured to respond to a data breach, including expenses related to forensic information technology review, legal review, notification to affected individuals, services to affected individuals, public relations services. Insureds will also have the ability to include Data Compromise Defense and Liability coverage which covers the liability from a suit brought by an individual affected by the data breach.

CyberOne coverage protects businesses against damage to electronic data and computer systems from a virus or other computer attack. It also protects a business's liability to third parties that may have suffered damage due to security weaknesses in the business's computer system.

Identity Recovery Services Information:

Through a partnership Hartford Steam Boiler, you will have access to a Toll-Free Identity Recovery Help Line designed to provide education about identity theft and identity theft risks. The toll-free Help Line is staffed by experienced identity theft counsellors who can answer questions and provide useful information and resources to identity theft victims. The Identity Recovery Help Line number is 877-800-5028.

In addition, you have the ability to buy Identity Recovery insurance coverage as an included element of Data Compromise coverage or separately, on its own. The Identity Recovery coverage insures against the theft of identities of the insured's key owners, officers, and resident family members. The coverage provides the services of an identity theft case manager and pays for various out-of-pocket expenses due to a covered identity theft, including:

- Legal fees for answer of civil judgments and defense of criminal charges
- Phone, postage, shipping fees
- Notary and filing fees
- Credit bureau reports
- Lost Wages and Child or Elder Care
- Mental Health Counseling costs (Not Available in NY)
- Miscellaneous Expense coverage

COMMERCIAL PROPERTY STATEMENT OF VALUES

Coinsurance Percentage Applicable is [] 90% [X] 100%

Policy Number: **ACP CPPD 3029720725** Period: Policy From **06/01/22** to **06/01/23**
 Named Insured: CT CONDOMINIUM OWNERS - DBA Agent: HUB INTERNATIONAL MTN STS LTD
 Address: BILLINGS MT

59102

Blanket buildings

The values shown on this Statement of Values reflect the values you have requested or agreed to for each individual item that was included in the Blanket Limit of Insurance shown in the Declarations of your policy.

By your acceptance of this policy in the payment of the premium due, you are acknowledging that the values shown below are correct to the best of your knowledge and belief.

Loc.	Bldg.	Item	Description/Coverage Type	Value	Valuation of Property
1	1	1	BUILDING	\$ 375,200	RC
2	1	1	BUILDING	\$ 375,200	RC
3	1	1	BUILDING	\$ 424,500	RC
4	1	1	BUILDING	\$ 446,500	RC
5	1	1	BUILDING	\$ 424,500	RC
6	1	1	BUILDING	\$ 446,500	RC
7	1	1	BUILDING	\$ 388,200	RC
8	1	1	BUILDING	\$ 424,500	RC
9	1	1	BUILDING	\$ 397,000	RC
10	1	1	BUILDING	\$ 424,500	RC
11	1	1	BUILDING	\$ 360,700	RC
12	1	1	BUILDING	\$ 425,400	RC
13	1	1	BUILDING	\$ 529,700	RC
14	1	1	BUILDING	\$ 425,400	RC
15	1	1	BUILDING	\$ 425,400	RC
16	1	1	BUILDING	\$ 529,700	RC
17	1	1	BUILDING	\$ 425,400	RC
18	1	1	BUILDING	\$ 425,400	RC
19	1	1	BUILDING	\$ 425,400	RC
20	1	1	BUILDING	\$ 529,700	RC
21	1	1	BUILDING	\$ 529,700	RC
22	1	1	BUILDING	\$ 424,500	RC
23	1	1	BUILDING	\$ 422,500	RC
24	1	1	BUILDING	\$ 424,500	RC
25	1	1	BUILDING	\$ 529,700	RC
26	1	1	BUILDING	\$ 369,500	RC
27	1	1	BUILDING	\$ 369,500	RC
28	1	1	BUILDING	\$ 425,400	RC
29	1	1	BUILDING	\$ 529,700	RC
30	1	1	BUILDING	\$ 422,500	RC
31	1	1	BUILDING	\$ 422,500	RC
32	1	1	BUILDING	\$ 428,300	RC
33	1	1	BUILDING	\$ 529,700	RC
34	1	1	BUILDING	\$ 529,700	RC
35	1	1	BUILDING	\$ 426,400	RC
36	1	1	BUILDING	\$ 399,500	RC
37	1	1	BUILDING	\$ 376,500	RC
38	1	1	BUILDING	\$ 426,400	RC
39	1	1	BUILDING	\$ 376,500	RC
40	1	1	BUILDING	\$ 424,500	RC

CP-SV 05 15

Loc.	Bld.	Item	Description/Coverage Type	Value	Replacement Cost
41	1	1	BUILDING	\$ 422,500	RC
42	1	1	BUILDING	\$ 503,900	RC
43	1	1	BUILDING	\$ 426,400	RC
44	1	1	BUILDING	\$ 503,900	RC
45	1	1	BUILDING	\$ 422,500	RC
46	1	1	BUILDING	\$ 503,900	RC
47	1	1	BUILDING	\$ 426,400	RC
48	1	1	BUILDING	\$ 376,500	RC
49	1	1	BUILDING	\$ 422,500	RC
50	1	1	BUILDING	\$ 503,900	RC
51	1	1	BUILDING	\$ 426,400	RC
52	1	1	BUILDING	\$ 503,900	RC
53	1	1	BUILDING	\$ 425,600	RC
54	1	1	BUILDING	\$ 503,900	RC
55	1	1	BUILDING	\$ 422,500	RC
56	1	1	BUILDING	\$ 426,400	RC
57	1	1	BUILDING	\$ 426,400	RC
58	1	1	BUILDING	\$ 438,700	RC
59	1	1	BUILDING	\$ 438,700	RC
60	1	1	BUILDING	\$ 433,400	RC
61	1	1	BUILDING	\$ 438,700	RC
62	1	1	BUILDING	\$ 428,100	RC
63	1	1	BUILDING	\$ 433,400	RC
64	1	1	BUILDING	\$ 438,700	RC
65	1	1	BUILDING	\$ 428,100	RC
66	1	1	BUILDING	\$ 428,100	RC
67	1	1	BUILDING	\$ 433,400	RC
68	1	1	BUILDING	\$ 428,100	RC
69	1	1	BUILDING	\$ 438,700	RC
70	1	1	BUILDING	\$ 428,100	RC
71	1	1	BUILDING	\$ 428,100	RC
72	1	1	BUILDING	\$ 503,900	RC
73	1	1	BUILDING	\$ 433,400	RC
74	1	1	BUILDING	\$ 428,100	RC
75	1	1	BUILDING	\$ 428,100	RC
76	1	1	BUILDING	\$ 608,200	RC
77	1	1	BUILDING	\$ 629,100	RC
78	1	1	BUILDING	\$ 349,500	RC

DECLARATIONS

Policy Number: **ACP CPPD 3029720725** **COMMERCIAL PROPERTY**

Named Insured: **CT CONDOMINIUM OWNERS - DBA
 SADDLE PEAK PROPERTIES**

Mailing Address: **PO BOX 4240
 BOZEMAN
 MT 59772-4240**

Agent: **HUB INTERNATIONAL MTN STS LTD** **25-03269**

Address: **BILLINGS MT 59102**

Producer: **BLAINE D MARTIN**

Policy Period: This policy is effective from **06/01/22** to **06/01/23** 12:01 A.M.
 Standard time at the above mailing address.

This policy is subject to the following forms. Forms specific to a certain building or item can be found with the specific building and item information on the following pages.

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP0010	1012	0	CP0090	0788	0	CP0140	0706	0
CP1270	0996	0	CP7117	0917	0	CP7118	0917	0
CP7133	0416	0	CP7288	0917	0	CP9903	1219	0
IL0017	1198	0	IL0129	1216	0	IL0935	0702	0
IL0952	0115	0	IN7809	1115	0	IN8028	0220	0
LI0995	0107	0	IL0985	0115	0	IN5017	0593	0

Mortgagee and loss payee information - See schedules CP-DM and CP-DL

Replacement or
 Renewal Number **ACP CPPD 3019720725**

Countersigned _____ By _____
 Date Authorized Representative

Premium for Certified Acts of Terrorism \$ **0.00**

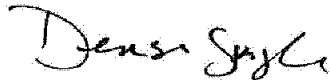
Total Annual Premium \$ **42,512.00**

Total Policy Premium \$ **42,512.00**

CP-D (10-98)

DEPOSITORS INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	TOTAL POLICY PREMIUM		\$ 42,512.00
	THIS IS A BLANKET POLICY BUILDING COVERAGE IS BLANKETED	\$ 34,506,400	
	POLICY WIDE OPTIONAL COVERAGES PROTECTION PLUS EQUIPMENT BREAKDOWN		\$ 3,500.00
			\$ 3,886.00
1	491 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
2	480 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
3	451 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
4	446 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
5	398 STILLWATER CREEK DR RAMSAY MT Protection Class: 04		
1	DUPLEX 1 BUILDING	INCLUDED	
6	427 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
7	417 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc.	Bld. Item	Address/Description	Limit	Premium
	1	DUPLEX 1 BUILDING	INCLUDED	
8		409 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	DUPLEX 1 BUILDING	INCLUDED	
9		393 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	DUPLEX 1 BUILDING	INCLUDED	
10		376 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	DUPLEX 1 BUILDING	INCLUDED	
11		365 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	DUPLEX 1 BUILDING	INCLUDED	
12		331 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	331 & 317 1 BUILDING	INCLUDED	
13		322 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	DUPLEX 1 BUILDING	INCLUDED	
14		289 SLOUGH CREEK DR BOZEMAN Protection Class: 02 MT		
	1	DUPLEX		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc.	Bld. Item	Address/Description	Limit	Premium
	1	BUILDING	INCLUDED	
15		298 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
16		241 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
17		254 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
18		215 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
19		212 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
20		375 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
21		354 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
	1	DUPLEX 1 BUILDING	INCLUDED	
22		341 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
1	DUPLEX 1 BUILDING	INCLUDED	
23	316 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
24	307 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
25	292 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
26	277 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
27	268 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
28	223 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
29	234 STILLWATER CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	1 BUILDING	INCLUDED	
30	397 S HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
31	382 HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
32	351 S HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
33	344 HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
34	327 S HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
35	316 S HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
36	313 S HANLEY AVE BOZEMAN Protection Class: 02 MT		
1	DUPLES 1 BUILDING	INCLUDED	
37	275 S HANLEY AVE BOZEMAN Protection Class: 02 MT		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
1	DUPLEX 1 BUILDING	INCLUDED	
38	288 S HANLEY AVE BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
39	231 S HANLEY AVE BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
40	246 S HANLEY AVE BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
41	357 PINE CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
42	348 PINE CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
43	311 PINE CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
44	296 PINE CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	1 BUILDING	INCLUDED	
45	273 PINE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
46	268 PINE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
47	223 PINE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
48	232 PINE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
49	291 EAGLE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
50	280 EAGLE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
51	259 EAGLE CREEK DR BOZEMAN Protection Class: 02 MT		
1	DUPLEX 1 BUILDING	INCLUDED	
52	246 EAGLE CREEK DR BOZEMAN Protection Class: 02 MT		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
1	DUPLEX 1 BUILDING	INCLUDED	
53	215 EAGLE CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
54	210 EAGLE CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
55	289 MILL CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
56	272 MILL CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
57	247 MILL CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
58	236 MILL CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
59	182 MILL CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	1 BUILDING	INCLUDED	
60	4163 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
61	4203 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
62	4215 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
63	4233 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
64	4259 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
65	4275 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
66	4289 PALISADE DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
67	183 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
1	DUPLEX 1 BUILDING	INCLUDED	
68	194 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
69	147 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
70	156 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
71	113 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
72	118 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
73	93 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
74	68 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX		

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE REFERENCE PAGE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: CT CONDOMINIUM OWNERS - DBA

Loc. Bld. Item	Address/Description	Limit	Premium
	1 BUILDING	INCLUDED	
75	75 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
76	25 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
77	8 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	DUPLEX 1 BUILDING	INCLUDED	
78	11 SLOUGH CREEK DR BOZEMAN MT Protection Class: 02		
1	CONDO 1 BUILDING	INCLUDED	

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

Policy Wide Declaration Coverage

Protection Plus Coverage-PLATINUM Premium \$ 3,500.00

****** Premise No 01 **** Total Premium \$ 405.00**

**Address: 491 STILLWATER CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-1973

Description: 491 & 475

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 405.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	405.00

Description: DUPLES

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 02 **** Total Premium \$ 405.00**

**Address: 480 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-1973**

Description: 480 & 462

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 405.00**

Rental Property

**Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	405.00

Description: DUPLEX

**Optional Coverages:
 Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 03 **** Total Premium \$ 459.00

Address: 451 STILLWATER CREEK DR
City: BOZEMAN State: MT Zip Code: 59718-1973

Description: 451 & 433

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 04 **** Total Premium \$ 482.00

Address: 446 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-1973

Description: 446 & 438

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 482.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	482.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 05 **** Total Premium \$ 451.00**

**Address: 398 STILLWATER CREEK DR
 City: RAMSAY State: MT Zip Code: 59748-0000**

Description: 398 & 386

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 451.00**

Rental Property

**Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	451.00

Description: DUPLEX

**Optional Coverages:
 Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 06 **** Total Premium \$ 482.00

Address: 427 SLOUGH CREEK DR
 City: BOZEMAN

State: MT

Zip Code: 59718-2000

Description: 427 & 423

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 482.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	482.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 07 **** Total Premium \$ 419.00

Address: 417 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2000

Description: 417 & 413

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 419.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	419.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 08 **** Total Premium \$ 459.00

Address: 409 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2000

Description: 417 & 413

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 09 **** Total Premium \$ 429.00**

**Address: 393 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2002

Description: 393 & 387

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 429.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	429.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 10 **** Total Premium \$ 459.00

Address: 376 SLOUGH CREEK DR
 City: BOZEMAN

State: MT

Zip Code: 59718-2002

Description: 376 & 354

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 11 **** Total Premium \$ 390.00**

**Address: 365 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2002

Description: 365 & 343

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 390.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	390.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 12 **** Total Premium \$ 459.00**

**Address: 331 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2002

Description: 331 & 317

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 459.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: 331 & 317
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 13 **** Total Premium \$ 572.00

Address: 322 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2002

Description: 322 & 308

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 572.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	572.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 14 **** Total Premium \$ 459.00

Address: 289 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2001

Description: 289 & 265

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 15 **** Total Premium \$ 459.00

Address: 298 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2001

Description: 298 & 271

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 16 **** Total Premium \$ 572.00

Address: 241 SLOUGH CREEK DR
 City: BOZEMAN

State: MT

Zip Code: 59718-2001

Description: 241 & 223

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 572.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	572.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 17 **** Total Premium \$ 459.00

Address: 254 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2001

Description: 254 & 236

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 18 **** Total Premium \$ 459.00

Address: 215 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2001

Description: 215 & 209

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 19 **** Total Premium \$ 459.00

Address: 212 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2001

Description: 212 & 204

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 20 **** Total Premium \$ 572.00**

**Address: 375 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2003**

Description: 375 & 369

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 572.00**

Rental Property

**Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	572.00

Description: DUPLEX

**Optional Coverages:
 Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 21 **** Total Premium \$ 572.00

Address: 354 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2003

Description: 354 & 332

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 572.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	572.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 22 **** Total Premium \$ 459.00

Address: 341 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2003

Description: 341 & 323

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 23 **** Total Premium \$ 456.00**

**Address: 316 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2003**

Description: 316 & 312

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 456.00**

Rental Property

**Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	456.00

Description: DUPLEX

**Optional Coverages:
 Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 24 **** Total Premium \$ 459.00

Address: 307 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2003

Description: 307 & 303

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 459.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 25 **** Total Premium \$ 572.00

Address: 292 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2022

Description: DUPLEX

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 572.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	572.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 26 **** Total Premium \$ 399.00

Address: 277 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2022

Description: 277 & 251

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 399.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	399.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 27 **** Total Premium \$ 380.00

Address: 268 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2022

Description: 268 & 246

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 380.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	380.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 28 **** Total Premium \$ 459.00**

**Address: 223 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2022**

Description: 223 & 205

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 459.00**

Rental Property

**Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	459.00

Description: DUPLEX

**Optional Coverages:
 Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 29 **** Total Premium \$ 546.00

Address: 234 STILLWATER CREEK DR
 City: BOZEMAN State: MT Zip Code: 59718-2022

Description: 234 & 210

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 546.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	546.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 30 **** Total Premium \$ 435.00**

**Address: 397 S HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-6505

Description: 397 & 373

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 435.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	435.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 31 **** Total Premium \$ 435.00**

**Address: 382 HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-0000

Description: 382 & 360

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 435.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	435.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 32 **** Total Premium \$ 441.00**

**Address: 351 S HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-6505

Description: 351 & 339

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 441.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	441.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 33 **** Total Premium \$ 546.00

Address: 344 HANLEY AVE
City: BOZEMAN

State: MT

Zip Code: 59718-0000

Description: 344 & 332

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 546.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	546.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 34 **** Total Premium \$ 546.00**

**Address: 327 S HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-6505

Description: 327 & 321

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 546.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	546.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 35 **** Total Premium \$ 439.00**

**Address: 316 S HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-6505

Description: 316 & 308

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 439.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 36 **** Total Premium \$ 412.00

Address: 313 S HANLEY AVE
City: BOZEMAN

State: MT

Zip Code: 59718-6505

Description: 313 & 301

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 412.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLES
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	412.00

Description: DUPLES

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 37 **** Total Premium \$ 388.00**

**Address: 275 S HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-6880

Description: 275 & 253

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 388.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	388.00

Description: DUPLES

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 38 **** Total Premium \$ 439.00

Address: 288 S HANLEY AVE
City: BOZEMAN

State: MT

Zip Code: 59718-6880

Description: 288 & 262

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 439.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 39 **** Total Premium \$ 388.00**

**Address: 231 S HANLEY AVE
City: BOZEMAN**

State: MT

Zip Code: 59718-6880

Description: 231 & 215

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 388.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	388.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 40 **** Total Premium \$ 437.00

Address: 246 S HANLEY AVE
City: BOZEMAN

State: MT

Zip Code: 59718-6880

Description: 246 & 224

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 437.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	437.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 41 **** Total Premium \$ 435.00**

**Address: 357 PINE CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8628

Description: 357 & 335

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 435.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	435.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 42 **** Total Premium \$ 520.00

Address: 348 PINE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8628

Description: 348 & 322

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 520.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	520.00

Description: DUPLES

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 43 **** Total Premium \$ 439.00**

**Address: 311 PINE CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8628

Description: 311 & 303

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 439.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 44 **** Total Premium \$ 520.00**

**Address: 296 PINE CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8627

Description: 296 & 282

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 520.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	520.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 45 **** Total Premium \$ 435.00

Address: 273 PINE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8627

Description: 373 & 251

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 435.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	435.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 46 **** Total Premium \$ 520.00

Address: 268 PINE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8627

Description: 268 & 240

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 520.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	520.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 47 **** Total Premium \$ 439.00

Address: 223 PINE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8627

Description: 223 & 209

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 439.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 48 **** Total Premium \$ 388.00**

**Address: 232 PINE CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8627

Description: 232 & 216

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 388.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	388.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 49 **** Total Premium \$ 423.00

Address: 291 EAGLE CREEK DR
 City: BOZEMAN

State: MT

Zip Code: 59718-8771

Description: 291 & 275

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 423.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	423.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 50 **** Total Premium \$ 504.00

Address: 280 EAGLE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8771

Description: 280 & 266

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 504.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	504.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 51 **** Total Premium \$ 427.00

Address: 259 EAGLE CREEK DR
 City: BOZEMAN

State: MT

Zip Code: 59718-8771

Description: 259 & 233

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 427.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	427.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 52 **** Total Premium \$ 504.00

Address: 246 EAGLE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8771

Description: 246 & 224

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 504.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	504.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 53 **** Total Premium \$ 425.00

Address: 215 EAGLE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8771

Description: 215 & 207

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 425.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	425.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 54 **** Total Premium \$ 504.00

Address: 210 EAGLE CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8771

Description: 210 & 202

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 504.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	504.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 55 **** Total Premium \$ 423.00**

**Address: 289 MILL CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8772

Description: 289 & 261

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 423.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	423.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 56 **** Total Premium \$ 427.00

Address: 272 MILL CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-8772

Description: 272 & 258

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 427.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	427.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 57 **** Total Premium \$ 427.00**

**Address: 247 MILL CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8772

Description: 247 & 225

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 427.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	427.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 58 **** Total Premium \$ 439.00**

**Address: 236 MILL CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8772

Description: 236 & 214

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 439.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 59 **** Total Premium \$ 439.00**

**Address: 182 MILL CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-8773

Description: 182 & 176

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 439.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 60 **** Total Premium \$ 434.00

Address: 4163 PALISADE DR
City: BOZEMAN

State: MT

Zip Code: 59718-2047

Description: 4163 & 4175

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 434.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	434.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 61 **** Total Premium \$ 439.00

Address: 4203 PALISADE DR
City: BOZEMAN

State: MT

Zip Code: 59718-2036

Description: 4206 & 4209

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 439.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	439.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 62 **** Total Premium \$ 429.00

Address: 4215 PALISADE DR
City: BOZEMAN

State: MT

Zip Code: 59718-2036

Description: DUPLEX

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 429.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	429.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 63 **** Total Premium \$ 434.00

Address: 4233 PALISADE DR
City: BOZEMAN

State: MT

Zip Code: 59718-2036

Description: 4233 & 4247

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 434.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	434.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 64 **** Total Premium \$ 417.00

Address: 4259 PALISADE DR
City: BOZEMAN

State: MT

Zip Code: 59718-2036

Description: 4259 & 4263

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 417.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	417.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 65 **** Total Premium \$ 407.00

Address: 4275 PALISADE DR
City: BOZEMAN

State: MT

Zip Code: 59718-2036

Description: DUPLEX

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 407.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	407.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 66 **** Total Premium \$ 407.00**

**Address: 4289 PALISADE DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2036

Description: 4289 & 4297

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 407.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	407.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 67 **** Total Premium \$ 412.00**

**Address: 183 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2064

Description: 183 & 169

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 412.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	412.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 68 **** Total Premium \$ 407.00**

**Address: 194 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2064

Description: 194 & 176

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 407.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	407.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 69 **** Total Premium \$ 417.00**

**Address: 147 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2064

Description: 147 & 125 SLOUGH CREEK DR

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 417.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	417.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 70 **** Total Premium \$ 407.00

Address: 156 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2064

Description: 156 & 132

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 407.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	407.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 71 **** Total Premium \$ 407.00**

**Address: 113 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2064

Description: 113 & 101

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 407.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	407.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 72 **** Total Premium \$ 479.00

Address: 118 SLOUGH CREEK DR
 City: BOZEMAN

State: MT

Zip Code: 59718-2064

Description: 118 & 106

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 479.00

Rental Property

Occupancy Group - APART & CONDOS
 Description: DUPLEX
 Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	479.00

Description: DUPLEX

Optional Coverages:
 Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 73 **** Total Premium \$ 389.00

Address: 93 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2067

Description: 93 & 87

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 389.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	389.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 74 **** Total Premium \$ 385.00**

**Address: 68 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2067

Description: 68 & 46

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 385.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	385.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

****** Premise No 75 **** Total Premium \$ 385.00**

**Address: 75 SLOUGH CREEK DR
City: BOZEMAN**

State: MT

Zip Code: 59718-2067

Description: 75 & 55

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

**** Building No 01 ** Total Premium \$ 385.00**

Rental Property

**Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1034	1012	0						

Coverages Provided

<u>Item</u>	<u>Coverage</u>	<u>Limit of Insurance</u>	<u>Causes of Loss Form</u>	<u>Coinsurance</u>	<u>Deductible</u>	<u>Premium</u>
01	BUILDING	INCLUDED	SPECIAL	100%	2500	385.00

Description: DUPLEX

**Optional Coverages:
Replacement Cost**

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 76 **** Total Premium \$ 523.00

Address: 25 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2067

Description: 25 & 37

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 523.00

Rental Property

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1034	1012	0						

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	523.00

Description: DUPLEX

Optional Coverages:
Replacement Cost

FORM	DATE	PREM	FORM	DATE	PREM	FORM	DATE	PREM
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 77 **** Total Premium \$ 510.00

Address: 8 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2067

Description: 8 & 14

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 510.00

Occupancy Group - APART & CONDOS
Description: DUPLEX
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	510.00

Description: BUILDING

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY SCHEDULE

Policy Number: ACP CPPD 3029720725

Policy Period: From 06/01/22 To 06/01/23

Named Insured: CT CONDOMINIUM OWNERS - DBA

**** Premise No 78 **** Total Premium \$ 282.00

Address: 11 SLOUGH CREEK DR
City: BOZEMAN

State: MT

Zip Code: 59718-2067

Description: CONDO ASSOCIATION

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP7104	0707	0	IL0167	0908	0	IL0243	0907	0
IL0952	0115	0	IN7404	0107	0			

** Building No 01 ** Total Premium \$ 282.00

Occupancy Group - APART & CONDOS
Description: CONDO
Construction Type: FRAME

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>

Coverages Provided

Item	Coverage	Limit of Insurance	Causes of Loss Form	Coinsurance	Deductible	Premium
01	BUILDING	INCLUDED	SPECIAL	100%	2500	282.00

Description: BUILDING

Optional Coverages:
Replacement Cost

<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>	<u>FORM</u>	<u>DATE</u>	<u>PREM</u>
CP1030	1012	0						

DEPOSITORS INSURANCE COMPANY

COMMERCIAL PROPERTY FORMS AND ENDORSEMENTS

Policy Number: **ACP CPPD 3029720725**

Policy Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

Form	Date	Title
CP0010	1012	BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CP0090	0788	COMMERCIAL PROPERTY CONDITIONS
CP0140	0706	EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA
CP1030	1012	CAUSES OF LOSS - SPECIAL FORM
CP1034	1012	EXCLUSION OF LOSS DUE TO BY-PRODUCTS OF PRODUCTION OR PROCESSING OPERATIONS
CP1270	0996	JOINT OR DISPUTED LOSS AGREEMENT
CP7104	0707	AMENDATORY ENDORSEMENT
CP7117	0917	EQUIPMENT BREAKDOWN COVERAGE
CP7118	0917	EQUIPMENT BREAKDOWN COVERAGE SCHEDULE
CP7133	0416	COMMERCIAL PROPERTY PLATINUM PROTECTION PLUS ENDORSEMENT
CP7288	0917	MONTANA EQUIPMENT BREAKDOWN CHANGES
CP9903	1219	CANNABIS EXCLUSION ENDORSEMENT
IL0017	1198	COMMON POLICY CONDITIONS
IL0129	1216	MONTANA CHANGES - MORTGAGEHOLDERS
IL0167	0908	MONTANA CHANGES
IL0243	0907	MONTANA CHANGES
IL0935	0702	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES
IL0952	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
IL0985	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7404	0107	IMPORTANT FLOOD INSURANCE NOTICE
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
IN8028	0220	NOTICE TO POLICYHOLDERS CANNABIS EXCLUSIONS
LI0995	0107	CONDITIONAL EXCLUSION OF TERRORISM

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EQUIPMENT BREAKDOWN COVERAGE SCHEDULE

This schedule provides supplementary information to be used with the following:

EQUIPMENT BREAKDOWN COVERAGE (including Electronic Circuitry Impairment)

LIMITS

Equipment Breakdown Coverage is subject to the Limits of Insurance shown in the Declarations, unless otherwise shown below.

COVERAGES	LIMITS
Equipment Breakdown Limit	\$
Business Income	\$
Extra Expense	\$
Off Premises Equipment Breakdown	\$
Services Interruption	\$

SUBLIMITS

The following coverages are subject to the limits of Insurance shown in the Equipment Breakdown Coverage, unless otherwise shown below.

COVERAGES	SUBLIMITS
Data Restoration	\$
Expediting Expenses	\$
"Fungus", Wet Rot, Dry Rot and Bacteria	\$
Hazardous Substances	\$
Spoilage	\$
@ _____ % Coinsurance	

DEDUCTIBLES

Combined, All Coverages	\$
Direct Coverages	\$
Indirect Coverages	\$
	or _____ hrs.
	or _____ times ADV
Spoilage	\$
	or _____ % of loss, \$ _____ minimum

LOCATIONS NOT APPLICABLE

Equipment Breakdown Coverage applies to all locations covered on the policy, unless otherwise shown below.

<u>Location No.</u>	<u>Building No.</u>	<u>Address/Description</u>
---------------------	---------------------	----------------------------

OTHER CONDITIONS

All terms and conditions of this policy apply unless modified by this endorsement.

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Page 1 of 1

COMMERCIAL GENERAL LIABILITY (AMCO)

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ACP 30-2-9720725

INSURED COPY

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**AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000**

Named Insured: **CT CONDOMINIUM OWNERS - DBA
SADDLE PEAK PROPERTIES**
Address: **PO BOX 4240
BOZEMAN MT 59772-4240**

★★★★★★★★

IMPORTANT INSURANCE INFORMATION

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IMPORTANT NOTICE FOR RENEWAL POLICIES

In an effort to keep your insurance premium as low as possible, we have streamlined your renewal policy. We have not included printed copies of policy forms and endorsements that have not changed from your expiring policy unless they include variable information that is unique to you. Please refer to your prior policies for printed copies of these forms. If you desire copies, they are available upon request from your agent.



IMPORTANT INSURANCE INFORMATION



Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

DATA BREACH & IDENTITY RECOVERY SERVICES

Data Breach Services Information:

Through a partnership with Hartford Steam Boiler, you have access to a data breach risk management portal called the eRiskHub®. The portal is designed to help you understand data information exposures, help you plan and be prepared for a data breach, and establish a response plan to manage the costs and minimize the effects of a data breach.

Key features of the portal include:

- Incident Response Plan Roadmap – suggested steps your business can take following data breach incident. Having an incident response plan prepared in advance of a breach can be useful for defense of potential litigation.
- Online Training Modules – ready-to-use training for your business on privacy best practices and Red Flag Rules.
- Risk Management Tools- assist your business in managing data breach exposures including self-assessments and state breach notification laws.
- eRisk Resources – a directory to quickly find external resources on pre and post-breach disciplines.
- News Center – cyber risk stories, security and compliance blogs, security news, risk management events, and helpful industry links.
- Learning Center – best practices and white papers written by leading authorities.

To access the eRiskHub®portal:

- Enter <https://www.eriskhub.com/nationwide> in your browser.
- Complete the information, including your name and company. Your User ID and Password are case-sensitive.
- Enter your assigned access code: **12116-73**.
- Enter the challenge word on the screen, and click “Submit” and follow the instructions to complete your profile setup.
- You can now login to the portal.

You also have access to a help-line to answer breach related questions. Insureds having questions pertaining to how to prepare for a breach, help in identifying a breach, or other questions pertaining to breach related best practices can call our breach preparedness help-line. Experienced professionals are able to provide insights to help insureds understand the complicated environment pertaining to breaches of personal information. The breach preparedness help-line is 877-800-5028.

In addition, you have the ability to purchase Data Compromise Insurance coverage and CyberOne Insurance coverage.

The Data Compromise coverage covers the costs incurred by an insured to respond to a data breach, including expenses related to forensic information technology review, legal review, notification to affected individuals, services to affected individuals, public relations services. Insureds will also have the ability to include Data Compromise Defense and Liability coverage which covers the liability from a suit brought by an individual affected by the data breach.

CyberOne coverage protects businesses against damage to electronic data and computer systems from a virus or other computer attack. It also protects a business's liability to third parties that may have suffered damage due to security weaknesses in the business's computer system.

Identity Recovery Services Information:

Through a partnership Hartford Steam Boiler, you will have access to a Toll-Free Identity Recovery Help Line designed to provide education about identity theft and identity theft risks. The toll-free Help Line is staffed by experienced identity theft counsellors who can answer questions and provide useful information and resources to identity theft victims. The Identity Recovery Help Line number is 877-800-5028.

In addition, you have the ability to buy Identity Recovery insurance coverage as an included element of Data Compromise coverage or separately, on its own. The Identity Recovery coverage insures against the theft of identities of the insured's key owners, officers, and resident family members. The coverage provides the services of an identity theft case manager and pays for various out-of-pocket expenses due to a covered identity theft, including:

- Legal fees for answer of civil judgments and defense of criminal charges
- Phone, postage, shipping fees
- Notary and filing fees
- Credit bureau reports
- Lost Wages and Child or Elder Care
- Mental Health Counseling costs (Not Available in NY)
- Miscellaneous Expense coverage

★★★★★★

IMPORTANT INSURANCE INFORMATION

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Please read this Notice carefully. No coverage is provided by this notice nor can it be construed to replace any provision of your policy. You should read your policy and review your declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.

CLAIMS REPORTING INFORMATION

Thank you for being a Nationwide® member. Your business is important to us.

Effective November 1, 2018: For any **General Liability, Professional Liability, and Abuse or Molestation** claim, please report your claim to the Specialty Care Services (SCS) Casualty Claims Team's telephone number below:

1-877-680-0057

We request that you report your General Liability, Professional Liability, and Abuse or Molestation claims to the above number so your claims are reported directly to the SCS casualty claims team that handles specialized claims. Immediate claims reporting is important, especially with these types of complex claims. All members of this Nationwide claims team have law degrees with most having prior experience in the medical, senior living, non-profit and human services fields. They can "speak your language" and know how to manage your claims in the toughest jurisdictions across the United States. This is a dedicated team of claims professionals who understand the industry trends arising in the market place and are prepared to provide you with quality claims service.

With this change in claims reporting, you will receive the same responsive claims service that you expect from all of our Nationwide claims adjusters.

This change only affects General Liability, Professional Liability, and Abuse or Molestation claims. **All other types of claims should continue to be reported via normal reporting methods by phone 1-800-421-3535, fax 1-800-554-2899 or email at enewloss@nationwide.com.**

Please direct any questions to your agent. We appreciate your business and look forward to serving your insurance needs in the future.

AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

03269
RENEWAL

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Policy Number: **ACP GLAO 3029720725**

Named Insured: **CT CONDOMINIUM OWNERS - DBA
SADDLE PEAK PROPERTIES**

Address: **PO BOX 4240
BOZEMAN MT 59772-4240**

Agent: **HUB INTERNATIONAL MTN STS**

25-03269-006

Address: **BILLINGS MT**

59102

PRODUCER: **BLAINE D MARTIN**

Policy Period: From **06/01/22** to **06/01/23** 12:01 A.M. standard time at the address of the named insured as stated herein.

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.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (other than products-completed operations)	\$	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 LIMIT (any one premises)	\$	100,000
MEDICAL EXPENSE LIMIT (any one person)	\$	5,000

Retroactive Date (CG0002 only)

The Named Insured is: **ASSOCIATION**

Business of the Named Insured is: **CONDO ASSOCIATION**

Audit Period:

ENDORSEMENTS ATTACHED TO THIS POLICY

SEE COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS SCHEDULE

TOTAL ADVANCE PREMIUM \$ **8,423.00**

Replacement or

Renewal Number **ACP GLAO3019720725**

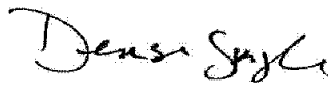
A PACKAGE MODIFICATION FACTOR HAS BEEN APPLIED

Countersigned By _____
Authorized Representative

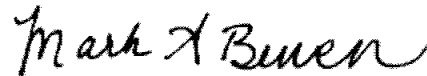
GL-D (10-98)

AMCO INSURANCE COMPANY

IN WITNESS WHEREOF the Company has caused this policy to be signed by its president and secretary and countersigned on the declarations page by a duly authorized representative of the company.



SECRETARY



PRESIDENT

AMCO INSURANCE COMPANY
 1100 LOCUST ST DEPT 1100
 DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLAO 3029720725**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
001A MT-001 CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	62003	UNITS	155	PER UNIT 44.228		\$6,855
CG2004 491 STILLWATER CREEK DR BOZEMAN MT597181973						
ALL LOCATIONS WITHIN ASSOCIATION						
002A MT-001 CONDOMINIUMS - RESIDENTIAL - (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	62003	UNITS	2	PER UNIT 44.228		\$88
CG2004 25 SLOUGH CREEK DR BOZEMAN MT597182067						
001C MT-001 EMPLOYEE BENEFITS LIABILITY	77394	FLAT CHARGE	50	FLAT		\$284
CG2716						
002C MT-001 COOPERATIVE OR CONDOMINIUM DIRECTORS AND OFFICERS' COVERAGE	73144	NO OF UNITS	150	FLAT CHARGE		\$570
CG7133						

Total Advance Other and PR/CO

TOTAL ADVANCE PREMIUM

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

AMCO INSURANCE COMPANY
 1100 LOCUST ST DEPT 1100
 DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY SCHEDULE

Policy Number: **ACP GLAO 3029720725**

Item No., Location and Description of Hazards	Code No.	Premium Basis	Rates		Advance Premium	
			OTHER	PR/CO	OTHER	PR/CO
DIRECTORS & OFFICERS 491 STILLWATER CREEK DR BOZEMAN MT 59718						
003C	MT-001	77429	FLAT CHARGE			\$326
COMMERCIAL GENERAL LIABILITY ENHANCEMENT INCLUDING MEDICAL PAYMENTS						
CG7212						
DATA COMPROMISE						\$247
CYBERONE						\$53
IDENTITY THEFT						INCLUDED

Total Advance Other and PR/CO **\$8,423**

TOTAL ADVANCE PREMIUM **\$8,423**

NOTE: For classes based on payroll each Executive Officer, Sole Proprietor or Partner may be subject to a fixed amount.

GL-DS (12-93)

AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 1100
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY SCHEDULE OF INSUREDS

POLICY Number: **ACP GLAO3029720725** POLICY Period: From **06-01-22** To **06-01-23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

Insured Names

001 CT CONDOMINIUM OWNERS - DBA

002 SADDLE PEAK PROPERTIES

AMCO INSURANCE COMPANY
1100 LOCUST ST DEPT 11
DES MOINES, IA 50391-2000

COMMERCIAL GENERAL LIABILITY FORMS AND ENDORSEMENTS

Number: **ACP GLAO 3029720725**

Period: From **06/01/22** To **06/01/23**

Named Insured: **CT CONDOMINIUM OWNERS - DBA**

Form	Date	Title
CG0001	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2004	1185	ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS
CG2106	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION
CG2147	1207	EMPLOYMENT - RELATED PRACTICES EXCLUSION
CG2167	1204	FUNGI OR BACTERIA EXCLUSION
CG2170	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG2187	0115	CONDITIONAL EXCLUSION OF TERRORISM (RELATING TO DISPOSITION OF FEDERAL TERRORIS
CG2661	1001	MONTANA CHANGES - MEDICAL PAYMENTS
CG2716	1207	MONTANA EMPLOYEE BENEFITS LIABILITY COVERAGE
CG7023	1096	EXCL-ASBESTOS, ELECTRO-MAGNETIC RADIATION, LEAD AND RADON
CG7033	0393	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
CG7133	0303	DIRECTORS AND OFFICERS LIABILITY (COOPERATIVES OR CONDOMINIUMS)
CG7212	1216	COMMERCIAL GENERAL LIABILITY COVERAGE ENHANCEMENT ENDORSEMENT INCLUDING MEDI
CG8005	1015	DATA COMPROMISE COVERAGE
CG8010	1015	IDENTITY RECOVERY COVERAGE
CG8021	1015	CYBERONE COVERAGE
IL0017	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION
IL0167	0908	MONTANA CHANGES
IL0243	0907	MONTANA CHANGES
		IMPORTANT NOTICES
IN5017	0593	IMPORTANT NOTICE FOR RENEWAL POLICIES
IN7809	1115	DATA BREACH & IDENTITY RECOVERY SERVICES
IN7890	1118	CLAIMS REPORTING INFORMATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

MONTANA EMPLOYEE BENEFITS LIABILITY COVERAGE

**THIS ENDORSEMENT PROVIDES CLAIMS-MADE COVERAGE.
PLEASE READ THE ENTIRE ENDORSEMENT CAREFULLY.**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Coverage	Employee Benefits Programs	
Limit Of Insurance	\$ 1,000,000	Each Employee
	\$ 2,000,000	Aggregate
Each Employee Deductible	\$ 1,000	Each Employee
Premium	\$	
Retroactive Date: 06012020		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

A. The following is added to Section I – Coverages:

COVERAGE – EMPLOYEE BENEFITS LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of any act, error or omission, of the insured, or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages to which this insurance does not apply. We may, at our discretion, investigate any report of an act, error or omission and settle any "claim" or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Paragraph D. (Section III – Limits Of Insurance); and
- (2) Our right and duty to defend ends when we have used up the applicable Limit Of Insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

b. This insurance applies to damages only if:

- (1) The act, error or omission, is negligently committed in the "administration" of your "employee benefit program";
- (2) The act, error or omission, did not take place before the Retroactive Date, if any, shown in the Schedule nor after the end of the policy period; and
- (3) A "claim" for damages, because of an act, error or omission, is first made against any insured, in accordance with Paragraph c. below, during the policy period or an Extended Reporting Period we provide under Paragraph F. of this endorsement.

c. A "claim" seeking damages will be deemed to have been made at the earlier of the following times:

- (1) When notice of such "claim" is received and recorded by any insured or by us, whichever comes first; or

- (2) When we make settlement in accordance with Paragraph 1.a. above.

A "claim" received and recorded by the insured within 60 days after the end of the policy period will be considered to have been received within the policy period, if no subsequent policy is available to cover the claim.

- d. All "claims" for damages made by an "employee" because of any act, error or omission, or a series of related acts, errors or omissions, including damages claimed by such "employee's" dependents and beneficiaries, will be deemed to have been made at the time the first of those "claims" is made against any insured.

2. Exclusions

This insurance does not apply to:

a. Dishonest, Fraudulent, Criminal Or Malicious Act

Damages arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error or omission, committed by any insured, including the willful or reckless violation of any statute.

b. Bodily Injury, Property Damage, Or Personal And Advertising Injury

"Bodily injury", "property damage" or "personal and advertising injury".

c. Failure To Perform A Contract

Damages arising out of failure of performance of contract by any insurer.

d. Insufficiency Of Funds

Damages arising out of an insufficiency of funds to meet any obligations under any plan included in the "employee benefit program".

e. Inadequacy Of Performance Of Investment/Advice Given With Respect To Participation

Any "claim" based upon:

- (1) Failure of any investment to perform;
- (2) Errors in providing information on past performance of investment vehicles; or
- (3) Advice given to any person with respect to that person's decision to participate or not to participate in any plan included in the "employee benefit program".

f. Workers' Compensation And Similar Laws

Any "claim" arising out of your failure to comply with the mandatory provisions of any workers' compensation, unemployment compensation insurance, social security or disability benefits law or any similar law.

g. ERISA

Damages for which any insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act of 1974, as now or hereafter amended, or by any similar federal, state or local laws.

h. Available Benefits

Any "claim" for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the insured, from the applicable funds accrued or other collectible insurance.

i. Taxes, Fines Or Penalties

Taxes, fines or penalties, including those imposed under the Internal Revenue Code or any similar state or local law.

j. Employment-Related Practices

Damages arising out of wrongful termination of employment, discrimination, or other employment-related practices.

- B. For the purposes of the coverage provided by this endorsement:

1. All references to **Supplementary Payments – Coverages A And B** are replaced by **Supplementary Payments – Coverages A, B And Employee Benefits Liability**.
2. Paragraphs 1.b. and 2. of the Supplementary Payments provision do not apply.

- C. For the purposes of the coverage provided by this endorsement, Paragraphs 2. and 3. of **Section II – Who Is An Insured** are replaced by the following:

2. Each of the following is also an insured:
 - a. Each of your "employees" who is or was authorized to administer your "employee benefit program".
 - b. Any persons, organizations or "employees" having proper temporary authorization to administer your "employee benefit program" if you die, but only until your legal representative is appointed.

- c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this endorsement.
- 3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if no other similar insurance applies to that organization. However:
 - a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier.
 - b. Coverage under this provision does not apply to any act, error or omission that was committed before you acquired or formed the organization.
- D. For the purposes of the coverage provided by this endorsement, **Section III – Limits Of Insurance** is replaced by the following:

1. Limits Of Insurance

- a. The Limits of Insurance shown in the Schedule and the rules below fix the most we will pay regardless of the number of:
 - (1) Insureds;
 - (2) "Claims" made or "suits" brought;
 - (3) Persons or organizations making "claims" or bringing "suits";
 - (4) Acts, errors or omissions; or
 - (5) Benefits included in your "employee benefit program".
- b. The Aggregate Limit is the most we will pay for all damages because of acts, errors or omissions negligently committed in the "administration" of your "employee benefit program".
- c. Subject to the Aggregate Limit, the Each Employee Limit is the most we will pay for all damages sustained by any one "employee", including damages sustained by such "employee's" dependents and beneficiaries, as a result of:
 - (1) An act, error or omission; or
 - (2) A series of related acts, errors or omissions negligently committed in the "administration" of your "employee benefit program".

However, the amount paid under this endorsement shall not exceed, and will be subject to, the limits and restrictions that apply to the payment of benefits in any plan included in the "employee benefit program".

The Limits Of Insurance of this endorsement apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations of the policy to which this endorsement is attached, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits Of Insurance.

2. Deductible

- a. Our obligation to pay damages on behalf of the insured applies only to the amount of damages in excess of the deductible amount stated in the Schedule as applicable to Each Employee. The Limits Of Insurance shall not be reduced by the amount of this deductible.
- b. The deductible amount stated in the Schedule applies to all damages sustained by any one "employee", including such "employee's" dependents and beneficiaries, because of all acts, errors or omissions to which this insurance applies.
- c. The terms of this insurance, including those with respect to:
 - (1) Our right and duty to defend any "suits" seeking those damages; and
 - (2) Your duties, and the duties of any other involved insured, in the event of an act, error or omission, or "claim" apply irrespective of the application of the deductible amount.
- d. We may pay any part or all of the deductible amount to effect settlement of any "claim" or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as we have paid.
- E. For the purposes of the coverage provided by this endorsement, Conditions 2. and 4. of **Section IV – Commercial General Liability** Conditions are replaced by the following:
 - 2. **Duties In The Event Of An Act, Error Or Omission, Or "Claim" Or "Suit"**
 - a. You must see to it that we are notified as soon as practicable of an act, error or omission which may result in a "claim". To the extent possible, notice should include:
 - (1) What the act, error or omission was and when it occurred; and

(2) The names and addresses of anyone who may suffer damages as a result of the act, error or omission.

b. If a "claim" is made or "suit" is brought against any insured, you must:

(1) Immediately record the specifics of the "claim" or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive written notice of the "claim" or "suit" as soon as practicable.

c. You and any other involved insured must:

(1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "claim" or "suit";

(2) Authorize us to obtain records and other information;

(3) Cooperate with us in the investigation or settlement of the "claim" or defense against the "suit"; and

(4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of an act, error or omission to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation or incur any expense without our consent.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this endorsement, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below.

b. Excess Insurance

(1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis that is effective prior to the beginning of the policy period shown in the Schedule of this insurance and that applies to an act, error or omission on other than a claims-made basis, if:

(a) No Retroactive Date is shown in the Schedule of this insurance; or

(b) The other insurance has a policy period which continues after the Retroactive Date shown in the Schedule of this insurance.

(2) When this insurance is excess, we will have no duty to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

(3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of the total amount that all such other insurance would pay for the loss in absence of this insurance; and the total of all deductible and self-insured amounts under all that other insurance.

(4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Schedule of this endorsement.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable Limit Of Insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limits of insurance to the total applicable limits of insurance of all insurers.

- F. For the purposes of the coverage provided by this endorsement, the following Extended Reporting Period provisions are added, or, if this endorsement is attached to a claims-made Coverage Part, replaces any similar Section in that Coverage Part:

EXTENDED REPORTING PERIOD

1. You will have the right to purchase an Extended Reporting Period, as described below, if:
 - a. This endorsement is canceled or not renewed; or
 - b. We renew or replace this endorsement with insurance that:
 - (1) Has a Retroactive Date later than the date shown in the Schedule of this endorsement; or
 - (2) Does not apply to an act, error or omission on a claims-made basis.
2. The Extended Reporting Period does not extend the policy period or change the scope of coverage provided. It applies only to "claims" for acts, errors or omissions that were first committed before the end of the policy period but not before the Retroactive Date, if any, shown in the Schedule. Once in effect, the Extended Reporting Period may not be canceled by us.
3. An Extended Reporting Period of five years is available, but only by an endorsement and for an extra charge.

You must give us a written request for the endorsement within 60 days after the end of the policy period. The Extended Reporting Period will not go into effect unless you pay the additional premium promptly when due.

We will determine the additional premium in accordance with our rules and rates. In doing so, we may take into account the following:

- a. The "employee benefit programs" insured;
- b. Previous types and amounts of insurance;
- c. Limits of insurance available under this endorsement for future payment of damages; and

- d. Other related factors.

The additional premium will not exceed 100% of the annual premium for this endorsement.

The Extended Reporting Period endorsement applicable to this coverage shall set forth the terms, not inconsistent with this Section, applicable to the Extended Reporting Period, including a provision to the effect that the insurance afforded for "claims" first received during such period is excess over any other valid and collectible insurance available under policies in force after the Extended Reporting Period starts.

4. If the Extended Reporting Period is in effect, we will provide an extended reporting period aggregate Limit Of Insurance described below, but only for claims first received and recorded during the Extended Reporting Period.

The extended reporting period aggregate Limit Of Insurance will be equal to the dollar amount shown in the Schedule of this endorsement under Limit Of Insurance.

Paragraph **D.1.b.** of this endorsement will be amended accordingly. The Each Employee Limit shown in the Schedule will then continue to apply as set forth in Paragraph **D.1.c.**

- G. For the purposes of the coverage provided by this endorsement, the following definitions are added to the **Definitions** Section:

1. "Administration" means:
 - a. Providing information to "employees", including their dependents and beneficiaries, with respect to eligibility for or scope of "employee benefit programs";
 - b. Handling records in connection with the "employee benefit program"; or
 - c. Effecting, continuing or terminating any "employee's" participation in any benefit included in the "employee benefit program".

However, "administration" does not include handling payroll deductions.

2. "Cafeteria plans" means plans authorized by applicable law to allow employees to elect to pay for certain benefits with pre-tax dollars.
3. "Claim" means any demand, or "suit", made by an "employee" or an "employee's" dependents and beneficiaries, for damages as the result of an act, error or omission.

4. "Employee benefit program" means a program providing some or all of the following benefits to "employees", whether provided through a "cafeteria plan" or otherwise:
 - a. Group life insurance; group accident or health insurance; dental, vision and hearing plans; and flexible spending accounts; provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to those "employees" who satisfy the plan's eligibility requirements;
 - b. Profit sharing plans, employee savings plans, employee stock ownership plans, pension plans and stock subscription plans, provided that no one other than an "employee" may subscribe to such benefits and such benefits are made generally available to all "employees" who are eligible under the plan for such benefits;
 - c. Unemployment insurance, social security benefits, workers' compensation and disability benefits;
 - d. Vacation plans, including buy and sell programs; leave of absence programs, including military, maternity, family, and civil leave; tuition assistance plans; transportation and health club subsidies; and
 - e. Any other similar benefits designated in the Schedule or added thereto by endorsement.
- H. For the purposes of the coverage provided by this endorsement, Definitions 5. and 18. in the **Definitions** Section are replaced by the following:
 5. "Employee" means a person actively employed, formerly employed, on leave of absence or disabled, or retired. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
 18. "Suit" means a civil proceeding in which damages because of an act, error or omission to which this insurance applies are alleged. "Suit" includes:
 - a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

All terms and conditions of this policy apply unless modified by this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DIRECTORS AND OFFICERS LIABILITY (COOPERATIVES OR CONDOMINIUMS)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Limits Of Insurance: \$ 1,000,000 **Each Wrongful Act**
\$ 1,000,000 **Aggregate**

Retention: **\$500 per occurrence, PLUS**
5% of the remaining amount of loss, subject to B. Limits of Insurance below.

Coverage Period: **Beginning from the Retroactive Date to the end of the Policy Period stated in the**
Declarations for this policy.

Retroactive Date: 06/01/20

A. The following is added to Section I. COVERAGES:

DIRECTORS AND OFFICERS LIABILITY (COOPERATIVES OR CONDOMINIUMS)

1. INSURING AGREEMENT

We will pay on behalf of the "insured", as defined in this endorsement, those sums up to the applicable Limit of Insurance that the "insured" becomes legally obligated to pay as damages for any "claims" made arising out of a "wrongful act" committed during the Coverage Period shown in the Schedule of this endorsement and to which this insurance applies, provided that such "claim" is first made during the Coverage Period shown in the Schedule of this endorsement and written notice of such "claim" is received by us no later than sixty (60) days after the expiration date of the policy to which this endorsement is part of. We will have the right and duty to defend any "insured" against a "suit" seeking those damages for a "claim" for which there is coverage under DIRECTORS AND OFFICERS LIABILITY

HOWEVER,

- a. No coverage applies for any "wrongful acts" which occur prior to the Retroactive Date shown in the Schedule of this endorsement, and
- b. We will have no duty to defend the "insured" against any "suit" seeking damages for "wrongful acts" to which this insurance does not apply.

We may, at our sole discretion, investigate any "wrongful acts" and settle any "claim" or "suit" that may result. But:

- c. The amount we will pay for damages is limited as described in B. LIMITS OF INSURANCE that follows; and
- d. Our right and duty to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under this coverage.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under SUPPLEMENTARY PAYMENTS - COVERAGES A AND B.

2. **SUPPLEMENTAL EXTENDED REPORTING PERIOD**

If the policy to which this DIRECTORS AND OFFICERS LIABILITY endorsement is attached is cancelled or non-renewed for any reason, you have the option to extend the reporting period of this endorsement upon payment of an addition premium.

HOWEVER, this supplemental extended reporting period applies:

- a. Only to a "wrongful act" which occurred during the Coverage Period; and
- b. Only if this option is exercised within sixty (60) days after the expiration date of the policy or this endorsement.

3. In Section I. COVERAGES, SUPPLEMENTARY PAYMENTS COVERAGES A AND B, the following provision is added:

Paragraph 1. of the SUPPLEMENTARY PAYMENTS – COVERAGES A AND B also applies to the coverage provided by DIRECTORS AND OFFICERS LIABILITY.

4. **EXCLUSIONS**

The following exclusions apply to DIRECTORS AND OFFICERS LIABILITY. This insurance, including any duty we have to defend "suits", does not apply to "claims":

- a. For "bodily injury" or "personal and advertising injury".
- b. Due to "property damage" to any owned or non-owned property, including loss of use thereof or loss of earnings therefrom, whether such loss shall be direct or indirect or of contingent nature.
- c. For an accounting of profits or losses made from the purchase or sale of securities.
- d. For salary, compensation or bonuses voted to "officers" or "directors" by your Board of Directors.
- e. For anything other than money damages.
- f. Based on or attributable to any:
 - (1) "Wrongful acts" in judgment or discretion in procuring and maintaining insurance or bonds;
 - (2) Failure or omission in effecting and maintaining insurance or bonds; or

(3) "Wrongful acts" with respect to amounts, forms, conditions or provisions of insurance or bonds.

g. For transactions of any "insured" gaining a personal profit or advantage not shared equitably by your owners.

h. For any liability or legal obligation of any "insured" arising out of any of the following:

(1) Any federal, state, county, municipal or local law, ordinance, order, directive or regulation barring discrimination, including but not limited to those based on race, color, national origin, ancestry, citizenship, gender, sexual orientation, marital status, religion or religious belief, age, economic status, income, medical condition, pregnancy, parenthood or mental or physical disability;

(2) Any state, federal or governmental antitrust statute or regulation, including but not limited to the Racketeer Influenced and Corrupt Organizations Act (RICO), the Securities Act of 1933, the Securities Exchange Act of 1934, or any state Blue Sky law;

(3) The Employees' Retirement Income Security Act (E.R.I.S.A.) of 1974; or

(4) Any other similar statutes, ordinances, orders, directives or regulations.

i. For punitive damages.

HOWEVER, if a "suit" is brought against the "insured" with respect to a "claim" for acts or alleged acts falling within the coverage of this endorsement, seeking both compensatory and punitive or exemplary damages, then we will provide a defense to such action without liability for such punitive or exemplary damages.

j. If judgments adverse to the "insured" establish that their affirmative dishonesty or actual intent to deceive or defraud was material to the cause of action so adjudicated.

k. For any injury or damage arising out of:

(1) Asbestos including but not limited to any injury or damage related to, arising or alleged to have arisen out

of any use, exposure, existence, detection, removal, elimination, avoidance, act, error, omission, failure to disclose or warn of the presence of asbestos or any other duty involving asbestos;

- (2) Electromagnetic emissions or radiation including but not limited to any injury or damage related to, arising or alleged to have arisen out of any use, exposure, existence, detection, removal, elimination, avoidance, act, error, omission, failure to disclose or warn of the presence of electromagnetic emissions or radiation or any other duty involving electromagnetic emissions or radiation;
- (3) Lead including but not limited to any injury or damage related to, arising or alleged to have arisen out of any use, exposure, existence, detection, removal, elimination, avoidance, act, error, omission, failure to disclose or warn of the presence of lead or any other duty involving lead; or
- (4) Radon or any other radioactive emissions, manmade or natural, including but not limited to any injury or damage related to, arising or alleged to have arisen out of any use, exposure, existence, detection, removal, elimination, avoidance, act, error, omission, failure to disclose or warn of the presence of radon or any other radioactive emissions or any other duty involving radon or other radioactive emissions.

I. For:

- (1) Any injury or damage arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.
- (2) Any loss, cost or expense arising out of any:
 - (a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way

respond to, or assess the effects of, "pollutants"; or

- (b) "Claim" or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effect of "pollutants".

m. For:

- (1) Refusal to employ;
- (2) Termination of employment;
- (3) Employment-related practices, policies, acts or omissions, such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation or discrimination;
- (4) The spouse, child, parent, brother or sister of that person as a consequence of any of the employment-related practices described in Paragraphs (1), (2), or (3) above; or

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

B. LIMITS OF INSURANCE

1. Directors and Officers Liability Aggregate Limit

The Aggregate Limit Of Insurance stated in the Schedule of this endorsement is the most we will pay for all loss covered under DIRECTORS AND OFFICERS LIABILITY.

2. Directors and Officers Liability Occurrence Limit

Subject to 1. Above, the Wrongful Act Limit Of Insurance stated in the Schedule of this endorsement is the most we will pay for all loss incurred on account of any one "claim" or "suit" covered under DIRECTORS AND OFFICERS LIABILITY.

3. All "claims" or "suits" arising out of the same "wrongful acts" of "officers" or "directors" shall

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be considered as arising out of one occurrence.

4. The inclusion of more than one "insured" shall not operate to increase the Limits Of Insurance. Our maximum liability will not exceed the limits stated in the Schedule of this endorsement.
5. We shall be liable to pay no more than 95% of the amount of loss, in excess of a retained limit of \$500, up to the Limits of Insurance stated in the Declarations.

It is further warranted that the remaining 5% of each and every loss shall be carried by the "insured" at their own risk and uninsured. Directors and Officers Liability shall pay only excess of the retained limit with respect to each and every loss hereunder and such retention is to be borne by the "insured" and is not to be insured.

6. The Limits of Insurance for DIRECTORS AND OFFICERS LIABILITY stated in the Schedule of this endorsement apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

C. AMENDED CONDITION

Under Section IV. COMMERCIAL GENERAL LIABILITY CONDITIONS, the following is added to Condition 2. Duties in the Event of Occurrence, Offense, Claim or Suit, paragraph a.:

You and any other "insured" must also see to it that we are notified as soon as practicable of a "wrongful act" that may result in a "claim".

D. ADDITIONAL DEFINITIONS

The following additional definitions are added to Section V. DEFINITIONS:

1. **"Claim"** means a demand for damages.
2. **"Directors"** means all directors of the Named Insureds shown on the Declarations.
3. With respect only to the coverage provided by this endorsement, **"Insured"** means:
 - a. You;
 - b. Your "officers" or "directors", but only with respect to their duties as such;
 - c. Any other natural person, and their estate, guardian or legal representative, who is no longer your "officer" or "director" at the time of discovery of a "wrongful act", but who was an "officer" or "director" at the time the "wrongful act" was committed.
4. **"Officer"** means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.
5. With respect only to the coverage provided by this endorsement, the definition of "suit" is replaced by:

"Suit" means a civil proceeding in which damages because of any "wrongful act" by "officers" or "directors" while acting solely in their capacities as such to which this insurance applies are alleged. "Suit" includes:

 - a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.
6. **"Wrongful act"** means any actual or alleged negligent act, error, omission, misleading statement or breach of duty committed by the "directors" or "officers" while acting as such, individually or collectively.

All terms and conditions of this policy apply unless modified by this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DATA COMPROMISE COVERAGE RESPONSE EXPENSES AND DEFENSE AND LIABILITY

PLEASE NOTE THAT DEFENSE COSTS ARE SUBJECT TO THE APPLICABLE LIMIT AND DEDUCTIBLE. SPECIFICALLY, DEFENSE COSTS ARE SUBJECT TO THE DATA COMPROMISE DEFENSE LIMIT SET FORTH IN THE SCHEDULE BELOW. THIS MEANS THAT THE DATA COMPROMISE DEFENSE LIMIT SPECIFIED IN THIS DATA COMPROMISE COVERAGE FORM MAY BE COMPLETELY EXHAUSTED BY DEFENSE COSTS. IN THE EVENT THAT THE DATA COMPROMISE DEFENSE LIMIT IS EXHAUSTED, THE INSURER SHALL NOT BE LIABLE FOR ADDITIONAL DEFENSE COSTS. THE DATA COMPROMISE DEFENSE LIMIT APPLIES ON AN ANNUAL AGGREGATE BASIS.

Coverage under this endorsement is subject to the following:

SECTION 1 – RESPONSE EXPENSES

**Data Compromise
Response Expenses Limit:** \$ **100,000**
Annual Aggregate

Sublimits

Named Malware (Sec. 1) \$ **50,000**
Forensic IT Review: \$ **10,000**
Legal Review: \$ **10,000**
PR Services: \$ **5,000**

Any one "Personal Data Compromise"

Response Expenses Deductible: \$ **2,500**
Any one "Personal Data Compromise"

SECTION 2 – DEFENSE AND LIABILITY

**Data Compromise
Defense Limit:** \$ **50,000**
Annual Aggregate

**Data Compromise
Liability Limit:** \$ **50,000**
Annual Aggregate

Sublimits

Named Malware (Sec. 2) \$ **50,000**
Any one "Personal Data Compromise"

Defense and Liability Deductible: \$ **2,500**
Each "Data Compromise Suit"

The following Data Compromise Coverage has been endorsed onto your Commercial General Liability coverage as a matter of convenience for policy issuance. The coverage and service provided under this endorsement are separate from your Commercial General Liability coverage. Data Compromise Coverage includes reimbursement of specified legal expenses as well as defense and liability against certain claims, but such coverage is subject to the Data Compromise coverage limit. The limit and deductible applicable to Data Compromise Coverage are separate from the limits and deductibles that apply to your Commercial General Liability coverage. The Common Policy Conditions apply to coverage under this Data Compromise Coverage.

The following is added as an Additional Coverage.

SECTION 1 – RESPONSE EXPENSES

DATA COMPROMISE COVERED CAUSE OF LOSS

Coverage under this Data Compromise Coverage endorsement applies only if all of the following conditions are met:

1. There has been a "personal data compromise"; and
2. Such "personal data compromise" is first discovered by you during the policy period for

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which this Data Compromise Coverage endorsement is applicable; and

3. Such "personal data compromise" is reported to us within 60 days after the date it is first discovered by you.

COVERAGE – SECTION 1

If the three conditions listed above in DATA COMPROMISE – COVERED CAUSE OF LOSS have been met, then we will provide coverage for the following expenses when they arise directly from the covered cause of loss and are necessary and reasonable. Coverages 4 and 5 apply only if there has been a notification of the "personal data compromise" to "affected individuals" as covered under coverage 3.

1. Forensic IT Review

Professional information technologies review if needed to determine, within the constraints of what is possible and reasonable, the nature and extent of the "personal data compromise" and the number and identities of the "affected individuals".

This does not include costs to analyze, research or determine any of the following:

- a. Vulnerabilities in systems, procedures or physical security;
- b. Compliance with PCI or other industry security standards; or
- c. The nature or extent of loss or damage to data that is not "personally identifying information" or "personally sensitive information".

If there is reasonable cause to suspect that a covered "personal data compromise" may have occurred, we will pay for costs covered under Forensic IT Review, even if it is eventually determined that there was no covered "personal data compromise". However, once it is determined that there was no covered "personal data compromise", we will not pay for any further costs.

2. Legal Review

Professional legal counsel review of the "personal data compromise" and how you should best respond to it.

If there is reasonable cause to suspect that a covered "personal data compromise" may have occurred, we will pay for costs covered under Legal Review, even if it is eventually determined that there was no covered "personal data compromise". However, once it is determined that there was no covered "personal data

compromise", we will not pay for any further costs.

3. Notification to Affected Individuals

We will pay your necessary and reasonable costs to provide notification of the "personal data compromise" to "affected individuals".

4. Services to Affected Individuals

We will pay your necessary and reasonable costs to provide the following services to "affected individuals".

- a. The following services apply to any "personal data compromise".

1) Informational Materials

A packet of loss prevention and customer support information.

2) Help Line

A toll-free telephone line for "affected individuals" with questions about the "personal data compromise". Where applicable, the line can also be used to request additional services as listed in b. 1) and 2).

- b. The following additional services apply to "personal data compromise" events involving "personally identifying information".

1) Credit Report and Monitoring

A credit report and an electronic service automatically monitoring for activities affecting an individual's credit records. This service is subject to the "affected individual" enrolling for this service with the designated service provider.

2) Identity Restoration Case Management

As respects any "affected individual" who is or appears to be a victim of "identity theft" that may reasonably have arisen from the "personal data compromise", the services of an identity restoration professional who will assist that "affected individual" through the process of correcting credit and other records and, within the constraints of what is possible and reasonable, restoring control over his or her personal identity.

5. PR Services

Professional public relations firm review of and response to the potential impact of the "personal data compromise" on your business relationships.

This includes costs to implement public relations recommendations of such firm. This may include advertising and special promotions designed to retain your relationship with “affected individuals”. However, we will not pay for promotions:

- a. Provided to any of your directors or employees; or;
- b. Costing more than \$25 per “affected individual”.

LIMITS – SECTION 1

The most we will pay under Response Expenses coverage is the Data Compromise Response Expenses Limit indicated for this endorsement.

The Data Compromise Response Expenses Limit is an annual aggregate limit. This amount is the most we will pay for the total of all loss covered under Section 1 arising out of all “personal data compromise” events which are first discovered by you during the present annual policy period. This limit applies regardless of the number of “personal data compromise” events discovered by you during that period.

A “personal data compromise” may be first discovered by you in one policy period but cause covered costs in one or more subsequent policy periods. If so, all covered costs arising from such “personal data compromise” will be subject to the Data Compromise Response Expenses Limit applicable to the policy period when the “personal data compromise” was first discovered by you.

The most we will pay under Response Expenses coverage for loss arising from any “malware-related compromise” is the Named Malware (Sec. 1) sublimit indicated for this endorsement. For the purpose of the Named Malware (Sec. 1) sublimit, all “malware-related compromises” that are caused, enabled or abetted by the same virus or other malicious code are considered to be a single “personal data compromise”. This sublimit is part of, and not in addition to the Data Compromise Response Expenses Limit.

The most we will pay under Forensic IT Review, Legal Review and PR Services coverages for loss arising from any one “personal data compromise” is the applicable sublimit for each of those coverages indicated for this endorsement. These sublimits are part of, and not in addition to, the Data Compromise Response Expenses Limit. PR Services coverage is also subject to a limit per “affected individual” as described in 5. PR Services.

Coverage for Services to “affected individuals” is limited to costs to provide such services for a period

of up to one year from the date of the notification to the “affected individuals”. Notwithstanding, coverage for Identity Restoration Case Management services initiated within such one year period may continue for a period of up to one year from the date such Identity Restoration Case Management services are initiated.

DEDUCTIBLE – SECTION 1

Response Expenses coverage is subject to the Response Expenses Deductible indicated for this endorsement. You shall be responsible for such deductible amount as respects each “personal data compromise” covered under this endorsement.

The following is added as an Additional Coverage:

SECTION 2 – DEFENSE AND LIABILITY DEFENSE AND LIABILITY COVERED CAUSE OF LOSS

Coverage under this Data Compromise Coverage endorsement applies only if all three of the conditions in DATA COMPROMISE – COVERED CAUSE OF LOSS are met.

Only with regard to Section 2 – Defense and Liability coverage, the following conditions must also be met:

1. You have provided notifications and services to “affected individuals” in consultation with us pursuant to Response Expenses coverage; and
2. You receive notice of a “data compromise suit” brought by one or more “affected individuals” or by a governmental entity on behalf of one or more “affected individuals”; and
3. Notice of such “data compromise suit” is received by you within two years of the date that the “affected individuals” are notified of the “personal data compromise”; and
4. Such “data compromise suit” is reported to us as soon as practicable, but in no event more than 60 days after the date it is first received by you.

COVERAGE – SECTION 2

If all of the conditions listed above in DEFENSE AND LIABILITY – COVERED CAUSE OF LOSS have been met, then we will provide coverage for “data compromise defense costs” and “data compromise liability” directly arising from the covered cause of loss.

LIMITS – SECTION 2

The most we will pay for “data compromise defense costs” under Defense and Liability coverage is the Data Compromise Defense Limit indicated for this endorsement.

The most we will pay for “data compromise liability”

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under Defense and Liability coverage is the Data Compromise Liability Limit indicated for this endorsement.

The Data Compromise Defense Limit and the Data Compromise Liability Limit are annual aggregate limits and are the most we will pay for all loss covered under Section 2 (other than post-judgment interest) arising out of all "personal data compromise" events which are first discovered by you during the present annual policy period. These limits apply regardless of the number of "personal data compromise" events discovered by you during that period.

A "personal data compromise" may be first discovered by you in one policy period but cause covered costs in one or more subsequent policy periods. If so, all covered costs (other than post-judgment interest) arising from such "personal data compromise" will be subject to the Data Compromise Defense Limit and the Data Compromise Liability Limit applicable to the policy period when the "personal data compromise" was first discovered by you.

The most we will pay under Defense and Liability coverage for loss arising from any "malware-related compromise" is the Named Malware (Sec. 2) sublimit indicated for this endorsement. For the purpose of the Named Malware (Sec. 2) sublimit, all "malware-related compromises" that are caused, enabled or abetted by the same virus or other malicious code are considered to be a single "personal data compromise". This sublimit is part of, and not in addition to, the Defense Limit and Liability Limit.

DEDUCTIBLE – SECTION 2

Defense and Liability coverage is subject to the Defense and Liability Deductible indicated for this endorsement. You shall be responsible for such deductible amount as respects each "data compromise suit" covered under this endorsement.

EXCLUSIONS, ADDITIONAL CONDITIONS AND DEFINITIONS APPLICABLE TO BOTH SECTION 1 AND SECTION 2

EXCLUSIONS

The following additional exclusions apply to this coverage:

We will not pay for costs arising from the following:

1. Your intentional or willful complicity in a "personal data compromise".
2. Any criminal, fraudulent or dishonest act, error or omission, or any intentional or knowing violation

of the law by you.

3. Any "personal data compromise" occurring prior to the date that this Data Compromise Coverage endorsement, or any coverage substantially similar to that described in this endorsement, was first added to this policy.
4. Costs to research or correct any deficiency. This includes, but is not limited to, any deficiency in your systems, procedures or physical security that may have contributed to a "personal data compromise".
5. Any fines or penalties. This includes, but is not limited to, fees or surcharges from affected financial institutions.
6. Any criminal investigations or proceedings.
7. Any extortion or blackmail. This includes, but is not limited to, ransom payments and private security assistance.
8. Any "personal data compromise" involving data that is being transmitted electronically, unless such data is encrypted to protect the security of the transmission.
9. Your reckless disregard for the security of "personally identifying information" or "personally sensitive information" in your care, custody or control.
10. That part of any "data compromise suit" seeking any non-monetary relief.

ADDITIONAL CONDITIONS

The following Additional Conditions apply to all coverages under this endorsement.

A. Data Compromise Liability Defense

1. We shall have the right and the duty to assume the defense of any applicable "data compromise suit" against you. You shall give us such information and cooperation as we may reasonably require.
2. You shall not admit liability for or settle any "data compromise suit" or incur any defense costs without our prior written consent.
3. If you refuse to consent to any settlement recommended by us and acceptable to the claimant, we may then withdraw from your defense by tendering control of the defense to you. From that point forward, you shall, at your own expense, negotiate or defend such "data compromise suit" independently of us. Our liability shall not exceed the amount for which the claim or suit could have been settled if such recommendation was consented to, plus defense costs incurred by us, and defense costs incurred by you with

our written consent, prior to the date of such refusal.

4. We shall not be obligated to pay any defense costs, or to defend or continue to defend any "data compromise suit", after the Data Compromise Defense Limit has been exhausted. We shall not be obligated to pay any damages after the Data Compromise Liability Limit has been exhausted.
5. We shall pay all interest on that amount of any judgment within the Data Compromise Liability Limit which accrues:
 - a. after entry of judgment; and
 - b. before we pay, offer to pay or deposit in court that part of the judgment within the Data Compromise Liability Limit or, in any case, before we pay or offer to pay the entire Data Compromise Liability Limit.

These interest payments shall be in addition to and not part of the Data Compromise Liability Limit.

B. Duties in the Event of a "Data Compromise Suit"

1. If a "data compromise suit" is brought against you, you must:
 - a. Immediately record the specifics of the "data compromise suit" and the date received; and
 - b. Provide us with written notice, as soon as practicable, but in no event more than 60 days after the date the "data compromise suit" is first received by you.
 - c. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "data compromise suit";
 - d. Authorize us to obtain records and other information;
 - e. Cooperate with us in the investigation, settlement or defense of the "data compromise suit";
 - f. Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to you because of loss to which this insurance may also apply; and
 - g. Not take any action, or fail to take any required action, that prejudices your rights or our rights with respect to such "data compromise suit".

2. You may not, except at your own cost, voluntarily make a payment, assume any obligation, or incur any expense without our prior written consent.
3. If you become aware of a claim or complaint that may become a "data compromise suit", you shall promptly inform us of such claim or complaint.

C. Due Diligence

You agree to use due diligence to prevent and mitigate costs covered under this endorsement. This includes, but is not limited to, complying with, and requiring your vendors to comply with, reasonable and industry-accepted protocols for:

1. Providing and maintaining appropriate physical security for your premises, computer systems and hard copy files;
2. Providing and maintaining appropriate computer and Internet security;
3. Maintaining and updating at appropriate intervals backups of computer data;
4. Protecting transactions, such as processing credit card, debit card and check payments; and
5. Appropriate disposal of files containing "personally identifying information" or "personally sensitive information", including shredding hard copy files and destroying physical media used to store electronic data.

D. Legal Advice

We are not your legal advisor. Our determination of what is or is not covered under this Data Compromise Coverage endorsement does not represent advice or counsel from us about what you should or should not do.

E. Pre-Notification Consultation

You agree to consult with us prior to the issuance of notification to "affected individuals". We assume no responsibility under this Data Compromise Coverage for any services promised to "affected individuals" without our prior agreement. If possible, this pre-notification consultation will also include the designated service provider(s) as agreed to under Additional Condition F. Service Providers. You must provide the following at our pre-notification consultation with you:

1. The exact list of "affected individuals" to be notified, including contact information.
2. Information about the "personal data compromise" that may appropriately be communicated with "affected individuals".

- 3. The scope of services that you desire for the "affected individuals". For example, coverage may be structured to provide fewer services in order to make those services available to more "affected individuals" without exceeding the available Response Expenses Limit.

F. Service Providers

- 1. We will only pay under this Data Compromise Coverage for services that are provided by service providers approved by us. You must obtain our prior approval for any service provider whose expenses you want covered under this Data Compromise Coverage. We will not unreasonably withhold such approval.
- 2. Prior to the Pre-Notification Consultation described in Additional Condition E. above, you must come to agreement with us regarding the service provider(s) to be used for the Notification to Affected Individuals and Services to Affected Individuals. We will suggest a service provider. If you prefer to use an alternate service provider, our coverage is subject to the following limitations:
 - a. Such alternate service provider must be approved by us;
 - b. Such alternate service provider must provide services that are reasonably equivalent or superior in both kind and quality to the services that would have been provided by the service provider we had suggested; and
 - c. Our payment for services provided by any alternate service provider will not exceed the amount that we would have paid using the service provider we had suggested.

G. Services

The following conditions apply as respects any services provided to you or any "affected individual" by us, our designees or any service firm paid for in whole or in part under this Data Compromise coverage:

- 1. The effectiveness of such services depends on your cooperation and assistance.
- 2. All services may not be available or applicable to all individuals. For example, "affected individuals" who are minors or foreign nationals may not have credit records that can be provided or monitored. Service in Canada will be different from service in the United States and Puerto Rico in accordance with local conditions.
- 3. We do not warrant or guarantee that the

services will end or eliminate all problems associated with the covered events.

- 4. You will have a direct relationship with the professional service firms paid for in whole or in part under this coverage. Those firms work for you.

DEFINITIONS

With respect to the provisions of this endorsement only, the following definitions are added:

- 1. "Affected Individual" means any person who is your current, former or prospective customer, client, member, owner, director or employee and whose "personally identifying information" or "personally sensitive information" is lost, stolen, accidentally released or accidentally published by a "personal data compromise" covered under this endorsement. This definition is subject to the following provisions:
 - a. "Affected individual" does not include any business or organization. Only an individual person may be an "affected individual".
 - b. An "affected individual" must have a direct relationship with your interests as insured under this policy. The following are examples of individuals who would not meet this requirement:
 - 1) If you aggregate or sell information about individuals as part of your business, the individuals about whom you keep such information do not qualify as "affected individuals". However, specific individuals may qualify as "affected individuals" for another reason, such as being an employee of yours.
 - 2) If you store, process, transmit or transport records, the individuals whose "personally identifying information" or "personally sensitive information" you are storing, processing, transmitting or transporting for another entity do not qualify as "affected individuals". However, specific individuals may qualify as "affected individuals" for another reason, such as being an employee of yours.
 - 3) You may have operations, interests or properties that are not insured under this policy. Individuals who have a relationship with you through such other operations, interests or properties do not qualify as "affected individuals". However, specific individuals may qualify as "affected individuals" for

another reason, such as being an employee of the operation insured under this policy.

- c. An "affected individual" may reside anywhere in the world.
2. "Data Compromise Defense Costs" means expenses resulting solely from the investigation, defense and appeal of any "data compromise suit" against you. Such expenses must be reasonable and necessary. They will be incurred by us. They do not include your salaries or your loss of earnings. They do include premiums for any appeal bond, attachment bond or similar bond, but without any obligation to apply for or furnish any such bond.
3. "Data Compromise Liability"
- a. "Data compromise liability" means the following, when they arise from a "data compromise suit":
- 1) Damages, judgments or settlements to "affected individuals";
 - 2) Defense costs added to that part of any judgment paid by us, when such defense costs are awarded by law or court order; and
 - 3) Pre-judgment interest on that part of any judgment paid by us.
- b. "Data compromise liability" does not mean:
- 1) Damages, judgments or settlements to anyone who is not an "affected individual";
 - 2) Civil or criminal fines or penalties imposed by law;
 - 3) Punitive or exemplary damages;
 - 4) The multiplied portion of multiplied damages;
 - 5) Taxes; or
 - 6) Matters which may be deemed uninsurable under the applicable law.
4. "Data Compromise Suit"
- a. "Data Compromise Suit" means a civil proceeding in which damages to one or more "affected individuals" arising from a "personal data compromise" or the violation of a governmental statute or regulation are alleged. Such proceeding must be brought in the United States of America, Puerto Rico or Canada. "Data compromise suit" includes:
- 1) An arbitration proceeding in which such damages are claimed and to which you must submit or do submit with our consent;
 - 2) Any other alternative dispute resolution proceeding in which such damages are claimed and to which you submit with our consent; or
 - 3) A written demand for money, when such demand could reasonably result in a civil proceeding as described in this definition.
- b. "Data compromise suit" does not mean any demand or action brought by or on behalf of someone who is:
- 1) Your director or officer;
 - 2) Your owner or part-owner; or
 - 3) A holder of your securities;
- in their capacity as such, whether directly, derivatively, or by class action. "Data compromise suit" will include proceedings brought by such individuals in their capacity as "affected individuals", but only to the extent that the damages claimed are the same as would apply to any other "affected individual".
- c. "Data compromise suit" does not mean any demand or action brought by an organization, business, institution, or any other party that is not an "affected individual" or governmental entity. "Data compromise suit" does not mean any demand or action brought on behalf of an organization, business, institution, governmental entity or any other party that is not an "affected individual".
5. "Identity Theft" means the fraudulent use of "personally identifying information". This includes fraudulently using such information to establish credit accounts, secure loans, enter into contracts or commit crimes.
- "Identity theft" does not include the fraudulent use of a business name, d/b/a or any other method of identifying a business activity.
6. "Malware-Related Compromise" means a "personal data compromise" that is caused, enabled or abetted by a virus or other malicious code that, at the time of the "personal data compromise", is named and recognized by the CERT® Coordination Center, McAfee®, Secunia, Symantec or other comparable third party monitors of malicious code activity.
7. "Personal Data Compromise" means the loss, theft, accidental release or accidental publication of "personally identifying information" or "personally sensitive information" as respects

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one or more "affected individuals". If the loss, theft, accidental release or accidental publication involves "personally identifying information", such loss, theft, accidental release or accidental publication must result in or have the reasonable possibility of resulting in the fraudulent use of such information. This definition is subject to the following provisions:

a. At the time of the loss, theft, accidental release or accidental publication, the "personally identifying information" or "personally sensitive information" need not be at the insured premises but must be in the direct care, custody or control of:

- 1) You; or
- 2) A professional entity with which you have a direct relationship and to which you (or an "affected individual" at your direction) have turned over (directly or via a professional transmission or transportation provider) such information for storage, processing, transmission or transportation of such information.

b. "Personal data compromise" includes disposal or abandonment of "personally identifying information" or "personally sensitive information" without appropriate safeguards such as shredding or destruction, subject to the following provisions:

- 1) The failure to use appropriate safeguards must be accidental and not reckless or deliberate; and

2) Such disposal or abandonment must take place during the time period for which this Data Compromise Coverage endorsement is effective.

c. "Personal data compromise" includes situations where there is a reasonable cause to suspect that such "personally identifying information" or "personally sensitive information" has been lost, stolen, accidentally released or accidentally published, even if there is no firm proof.

d. All incidents of "personal data compromise" that are discovered at the same time or arise from the same cause will be considered one "personal data compromise".

8. "Personally Identifying Information" means information, including health information, that could be used to commit fraud or other illegal activity involving the credit, access to health care or identity of an "affected individual". This includes, but is not limited to, Social Security numbers or account numbers.

"Personally identifying information" does not mean or include information that is otherwise available to the public, such as names and addresses.

9. "Personally Sensitive Information" means private information specific to an individual the release of which requires notification of "affected individuals" under any applicable law.

"Personally sensitive information" does not mean or include "personally identifying information".

All terms and conditions apply unless modified by this endorsement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PLEASE NOTE THAT DEFENSE COSTS ARE SUBJECT TO THE APPLICABLE LIMIT AND DEDUCTIBLE. SPECIFICALLY, DEFENSE COSTS ARE SUBJECT TO THE NETWORK SECURITY DEFENSE LIMIT SET FORTH IN THE SCHEDULE BELOW. THIS MEANS THAT THE NETWORK SECURITY DEFENSE LIMIT SPECIFIED IN THIS CYBERONE COVERAGE FORM MAY BE COMPLETELY EXHAUSTED BY DEFENSE COSTS. IN THE EVENT THAT THE NETWORK SECURITY DEFENSE LIMIT IS EXHAUSTED, THE INSURER SHALL NOT BE LIABLE FOR ADDITIONAL DEFENSE COSTS. THE NETWORK SECURITY DEFENSE LIMIT APPLIES ON AN ANNUAL AGGREGATE BASIS.

**CYBERONE COVERAGE
COMPUTER ATTACK AND NETWORK SECURITY LIABILITY**

The following CyberOne coverage has been endorsed onto your Commercial General Liability coverage as a matter of convenience for policy issuance. The coverage and service provided under this endorsement are separate from your Commercial General Liability coverage. CyberOne Coverage includes defense and liability against certain claims, but such coverage is subject to the Network Security Liability coverage limit. The limits and deductibles applicable to this CyberOne coverage are separate from the limits and deductibles that apply to your Commercial General Liability coverage. The Common Policy Conditions apply to coverage under this CyberOne coverage. Coverage under this endorsement is subject to the following SCHEDULE:

SECTION 1 – COMPUTER ATTACK

Computer Attack Limit \$ **50,000**
Annual Aggregate

Sublimits

Data Re-creation \$ **EXCLUDED**
Loss of Business \$ **EXCLUDED**
Public Relations \$ **EXCLUDED**
Per Occurrence

Computer Attack Deductible \$ **5,000**
Per Occurrence

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SECTION 2 – NETWORK SECURITY LIABILITY

Network Security Liability Limit \$
Annual Aggregate

Network Security Defense Limit \$
Annual Aggregate

**Network Security Liability
Deductible** \$
Per Occurrence

Network Security Liability Optional Coverage
3rd Party Business Information _____

The following is added as an Additional Coverage:

SECTION 1 – COMPUTER ATTACK

SECTION 1 – COVERED CAUSE OF LOSS

This Computer Attack coverage applies only if all of the following conditions are met:

1. There has been a "computer attack"; and
2. Such "computer attack" is first discovered by you during the policy period for which this

endorsement is applicable; and

- 3. Such "computer attack" is reported to us as soon as practicable, but in no event more than 60 days after the date it is first discovered by you.

SECTION 1 – COVERAGES PROVIDED

If all three of the conditions listed above in SECTION 1 – COVERED CAUSE OF LOSS have been met, then we will provide you the following coverages for loss directly arising from such "computer attack".

1. Data Restoration

We will pay your necessary and reasonable "data restoration costs".

2. Data Re-creation

We will pay your necessary and reasonable "data re-creation costs".

3. System Restoration

We will pay your necessary and reasonable "system restoration costs".

4. Loss of Business

We will pay your actual "business income loss" and your necessary and reasonable "extra expenses".

5. Public Relations

If you suffer a covered "business income loss", we will pay for the services of a professional public relations firm to assist you in communicating your response to the "computer attack" to the media, the public and your customers, clients or members.

SECTION 1 - LIMITS

The most we will pay under Computer Attack coverage is the Computer Attack Limit indicated for this endorsement. If no limit is shown or is shown as Excluded on the SCHEDULE at the top of this endorsement, then the Computer Attack coverage will be considered to have a limit of \$0.

The most we will pay under Data Re-creation coverage for loss (including "business income loss" and "extra expense" related to data re-creation activities) arising from any one "computer attack" is the Data Re-creation Sublimit indicated for this endorsement. This sublimit is part of, and not in addition to, the Computer Attack Limit. If no sublimit is shown or is shown as Excluded on the SCHEDULE at the top of this endorsement, then the Data Re-creation coverage will be considered to have a sublimit of \$0.

The most we will pay under Loss of Business

coverage for loss arising from any one "computer attack" is the Loss of Business Sublimit indicated for this endorsement. This sublimit is part of, and not in addition to, the Computer Attack Limit. If no sublimit is shown or is shown as Excluded on the SCHEDULE at the top of this endorsement, then the Loss of Business coverage will be considered to have a sublimit of \$0.

The most we will pay under Public Relations coverage for loss arising from any one "computer attack" is the Public Relations Sublimit indicated for this endorsement. This sublimit is part of, and not in addition to, the Computer Attack Limit. If no sublimit is shown or is shown as Excluded on the SCHEDULE at the top of this endorsement, then the Public Relations coverage will be considered to have a sublimit of \$0.

The Computer Attack Limit is an annual aggregate limit. This amount is the most we will pay for the total of all loss covered under Section 1 arising out of all "computer attack" events which are first discovered by you during the present annual policy period. This limit applies regardless of the number of "computer attack" events occurring during that period.

A "computer attack" may be first discovered by you in one policy period but it may cause covered costs in one or more subsequent policy periods. If so, all covered costs arising from such "computer attack" will be subject to the Computer Attack Limit applicable to the policy period when the "computer attack" was first discovered by you.

SECTION 1 - DEDUCTIBLE

The Computer Attack coverage is subject to the Computer Attack Deductible indicated in the SCHEDULE for this endorsement. You shall be responsible for the applicable deductible amount as respects loss arising from each "computer attack" covered under this endorsement.

SECTION 2 – NETWORK SECURITY LIABILITY

SECTION 2 – COVERED CAUSE OF LOSS

This Network Security Liability coverage applies only if all of the following conditions are met:

- 1. You first receive notice of a "network security liability suit" during the policy period for which this endorsement is applicable or any Extended Reporting Periods; and
- 2. Such "network security liability suit" is reported to us as soon as practicable, but in no event more than 60 days after the date it is first received by you.

SECTION 2 – COVERAGES PROVIDED

If both of the conditions listed above in SECTION 2 – COVERED CAUSE OF LOSS have been met, then we will provide you the following coverages for loss directly arising from such “network security liability suit”.

1. Defense

We will pay your necessary and reasonable “network security liability defense costs”.

2. Settlement Costs

We will pay your necessary and reasonable “network security liability settlement costs”.

SECTION 2 - LIMITS

The most we will pay for “network security liability defense costs” under Network Security Liability coverage is the Network Security Defense Limit indicated for this endorsement. If no limit is shown or is shown as Excluded on the Network Security Defense Limit Line in the SCHEDULE at the top of this endorsement, then the coverage for “network security liability defense costs” will be considered to have a limit of \$0.

Except for post-judgment interest, the most we will pay for “network security liability settlement costs” under Network Security Liability coverage is the Network Security Liability Limit indicated for this endorsement. If no limit is shown or is shown as Excluded on the SCHEDULE at the top of this endorsement, then the Network Security Liability coverage will be considered to have a limit of \$0.

The Network Security Defense Limit and the Network Security Liability Limit are annual aggregate limits and are the most we will pay for the total of all loss covered under Section 2 (other than post-judgment interest) arising out of all “network security liability suits” of which you first receive notice during the present annual policy period or any Extended Reporting Periods. These limits apply regardless of the number of “network security liability suits” of which you first receive notice during that period.

You may first receive notice of a “network security liability suit” in one policy period but it may cause covered costs in one or more subsequent policy periods. If so, all covered costs arising from such “network security liability suit” (other than post-judgment interest) will be subject to the Network Security Defense Limit and the Network Security Liability Limit applicable to the policy period when notice of the “network security liability suit” was first received by you.

The Network Security Defense Limit and the Network Security Liability Limit for the Extended Reporting Periods (if applicable) shall be part of, and not in addition to, the Network Security Defense Limit and the Network Security Liability Limit for the immediately preceding policy period.

SECTION 2 - DEDUCTIBLE

The Network Security Liability coverage is subject to the Network Security Liability Deductible indicated in the SCHEDULE for this endorsement. You shall be responsible for the applicable deductible amount as respects loss arising from each “network security liability suit” covered under this endorsement.

EXCLUSIONS, ADDITIONAL CONDITIONS AND DEFINITIONS APPLICABLE TO ALL SECTIONS**EXCLUSIONS**

The following additional exclusions apply to this coverage:

We will not pay for costs or loss arising from the following:

1. Loss to the internet, an internet service provider, or any computer or computer system that is not owned or leased by you and operated under your control.
2. Costs to research or correct any deficiency.
3. Any fines or penalties.
4. Any criminal investigations or proceedings.
5. Any threat, extortion or blackmail. This includes, but is not limited to, ransom payments and private security assistance.
6. Your intentional or willful complicity in a covered loss event or your reckless disregard for the security of your computer system or data.
7. Any criminal, fraudulent or dishonest act, error or omission, or any intentional or knowing violation of the law by you.
8. Any “computer attack” occurring prior to the first inception of this CyberOne coverage endorsement or any coverage substantially similar to that described in this endorsement.
9. That part of any “network security liability suit” seeking any non-monetary relief.
10. Any “network security liability suit” arising from a propagation of malware, denial of service attack, or if applicable, loss, release or disclosure of business data that occurred prior to the first inception of this CyberOne coverage endorsement or any coverage substantially similar to that

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described in this endorsement.

11. The propagation or forwarding of malware, including viruses, worms, Trojans, spyware and keyloggers in connection with hardware or software created, produced or modified by you for sale, lease or license to third parties.

ADDITIONAL CONDITIONS

The following additional conditions apply to all coverages under this endorsement.

A. Due Diligence

You agree to use due diligence to prevent and mitigate costs covered under this endorsement. This includes, but is not limited to, complying with reasonable and industry-accepted protocols for:

- 1. Providing and maintaining appropriate computer and internet security; and
- 2. Maintaining and updating at appropriate intervals backups of computer data.

B. Duties in the Event of a "Network Security Liability Suit"

- 1. If a "network security liability suit" is brought against you, you must:
 - a. Immediately record the specifics of the "network security liability suit" and the date received; and
 - b. Provide us with written notice, as soon as practicable, but in no event more than 60 days after the date the "network security liability suit" is first received by you.
 - c. Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "network security liability suit";
 - d. Authorize us to obtain records and other information;
 - e. Cooperate with us in the investigation, settlement or defense of the "network security liability suit";
 - f. Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to you because of loss to which this insurance may also apply; and
 - g. Not take any action, or fail to take any required action, that prejudices your rights or our rights with respect to such "network security liability suit".

C. Extended Reporting Periods

- 1. You shall have the right to the Extended Reporting Periods described in this section, in the event that:

- a. You or we cancel this CyberOne coverage;
- b. You or we refuse to renew this CyberOne coverage; or
- c. We renew this CyberOne coverage on an other than claims-made basis or with a retroactive date later than the date of the first inception of this CyberOne coverage endorsement or any coverage substantially similar to that described in this endorsement;

2. If an event as specified in Paragraph 1. has occurred, you shall have the right to the following:

- a. An Automatic Extended Reporting Period of 30 days after the effective date of cancellation or nonrenewal at no additional premium in which to give us written notice of a "network security liability suit" of which you first receive notice during said Automatic Extended Reporting Period for any propagation of malware, denial of service attack, or if applicable, loss, release or disclosure of business data occurring before the end of the coverage period for this CyberOne coverage and which is otherwise covered by this CyberOne coverage; and
- b. Upon payment of an additional premium of 100% of the full annual premium applicable to this CyberOne coverage, a Supplemental Extended Reporting Period of 1 year immediately following the effective date of cancellation or nonrenewal in which to give to us written notice of a "network security liability suit" of which you first receive notice during said Supplemental Extended Reporting Period for any propagation of malware, denial of service attack, or if applicable, loss, release or disclosure of business data occurring before the end of the coverage period for this CyberOne coverage and which is otherwise covered by this CyberOne coverage.

To obtain the Supplemental Extended Reporting Period, you must request it in writing and pay the additional premium due, within 30 days of the effective date of cancellation or nonrenewal. If we do not receive the written request as required, you may not exercise this right at a later date.

This insurance, provided during the Supplemental Extended Reporting Period, is excess over any other valid and collecti-

ble insurance that begins or continues in effect after the Supplemental Extended Reporting Period becomes effective, whether the other insurance applies on a primary, excess, contingent, or any other basis. Once in effect, the Supplemental Extended Reporting Period may not be cancelled by us.

D. Network Security Liability Defense

1. We shall have the right and the duty to assume the defense of any applicable "network security liability suit" against you. You shall give us such information and cooperation as we may reasonably require.
2. You shall not admit liability for or settle any "network security liability suit" or incur any defense costs without our prior written consent.
3. If you refuse to consent to any settlement recommended by us and acceptable to the claimant, we may then withdraw from your defense by tendering control of the defense to you. From that point forward, you shall, at your own expense, negotiate or defend such "network security liability suit" independently of us. Our liability shall not exceed the amount for which the claim or suit could have been settled if such recommendation was consented to, plus defense costs incurred by us, and defense costs incurred by you with our written consent, prior to the date of such refusal.
4. We shall not be obligated to pay any defense costs, or to defend or continue to defend any "network security liability suit", after the Network Security Defense Limit has been exhausted. We shall not be obligated to pay any damages after the Network Security Liability Limit has been exhausted.
5. We shall pay all interest on that amount of any judgment within the Network Security Liability Limit which accrues:
 - a. After entry of judgment; and
 - b. Before we pay, offer to pay or deposit in court that part of the judgment within the Network Security Liability Limit or, in any case, before we pay or offer to pay the entire Network Security Liability Limit.

These interest payments shall be in addition to and not part of the Network Security Liability Limit.

E. Other Data Coverage in This Policy

Some elements of this CyberOne coverage may also be covered under the policy to which this endorsement is attached. If so, this CyberOne

coverage will apply as excess, additional coverage. If loss payment has been made under the policy for the same event, the amount of such payment will count towards the deductible that applies to this CyberOne coverage.

F. Services

The following conditions apply as respects any services provided to you by any service firm provided or paid for in whole or in part under this endorsement:

1. The effectiveness of such services depends on your cooperation and assistance.
2. We do not warrant or guarantee that the services will end or eliminate all problems associated with the covered events.

DEFINITIONS

With respect to the provisions of this endorsement only, the following definitions are added:

1. "Business Income Loss" means the sum of the:
 - a. Net income (net profit or loss before income taxes) that would have been earned or incurred; and
 - b. Continuing normal and necessary operating expenses incurred, including employee payroll, actually lost by you during the "period of restoration".
2. "Computer Attack" means one of the following involving a computer or other electronic hardware that is owned or leased by you and operated under your control:
 - a. Unauthorized Access - meaning the gaining of access to your computer system by an unauthorized person or persons; or
 - b. Malware Attack – meaning damage to your computer system or data arising from malicious code, including viruses, worms, Trojans, spyware and keyloggers. This does not mean damage from shortcomings or mistakes in legitimate electronic code or damage from code installed on your computer system during the manufacturing process.
 - c. Denial of Service Attack – meaning a deliberate act to prevent third parties from gaining access to your computer system through the internet in a manner in which they are legally entitled.
3. "Data Re-creation Costs"
 - a. "Data re-creation costs" means the costs of an outside professional firm hired by you to research, re-create and replace data that has

- been lost or corrupted and for which there is no electronic source available or where the electronic source does not have the same or similar functionality to the data that has been lost or corrupted.
 - b. "Data re-creation costs" also means your actual "business income loss" and your necessary and reasonable "extra expenses" arising from the lack of the lost or corrupted data during the time required to research, re-create and replace such data.
 - c. "Data re-creation costs" does not mean costs to research, re-create or replace:
 - 1) Software programs or operating systems that are not commercially available; or
 - 2) Data that is obsolete, unnecessary or useless to you.
4. "Data Restoration Costs"
- a. "Data restoration costs" means the costs of an outside professional firm hired by you to replace electronic data that has been lost or corrupted. In order to be considered "data restoration costs," such replacement must be from one or more electronic sources with the same or similar functionality to the data that has been lost or corrupted.
 - b. "Data restoration costs" does not mean costs to research, restore or replace:
 - 1) Software programs or operating systems that are not commercially available; or
 - 2) Data that is obsolete, unnecessary or useless to you.
5. "Extra Expense" means the additional cost you incur to operate your business during the "period of restoration" over and above the cost that you normally would have incurred to operate your business during the same period had no "computer attack" occurred.
6. "Network Security Liability Defense Costs"
- a. "Network security liability defense costs" means reasonable and necessary expenses resulting solely from the investigation, defense and appeal of any "network security liability suit" against you. Such expenses may be incurred by us. Such expenses may include premiums for any appeal bond, attachment bond or similar bond. However, we have no obligation to apply for or furnish such bond.
 - b. "Network security liability defense costs" does not mean your salaries or your loss of earnings.
7. "Network Security Liability Settlement Costs"
- a. "Network security liability settlement costs" means the following, when they arise from a "network security liability suit":
 - 1) Damages, judgments or settlements; and
 - 2) Defense costs added to that part of any judgment paid by us, when such defense costs are awarded by law or court order; and
 - 3) Pre-judgment interest on that part of any judgment paid by us.
 - b. "Network security liability settlement costs" does not mean:
 - 1) Civil or criminal fines or penalties imposed by law;
 - 2) Punitive or exemplary damages;
 - 3) The multiplied portion of multiplied damages;
 - 4) Taxes; or
 - 5) Matters which may be deemed uninsurable under the applicable law.
8. "Network Security Liability Suit"
- a. "Network security liability suit" means a civil proceeding against you in which damages are alleged. Such proceeding must be brought in the United States of America, Puerto Rico or Canada. Such proceeding must be based on an allegation that a negligent security failure or weakness with respect to a computer or other electronic hardware that is owned or leased by you and operated under your control allowed one or more of the following to happen:
 - 1) The unintended propagation or forwarding of malware, including viruses, worms, Trojans, spyware and keyloggers. Malware does not include shortcomings or mistakes in legitimate electronic code.
 - 2) The unintended abetting of a denial of service attack against one or more other systems.
 - b. If the 3rd Party Business Information line under Network Security Liability Optional Coverage on the SCHEDULE at the top of this endorsement is marked as Included, then "network security liability suit" also means a civil proceeding against you in which damages are alleged which is brought in the United States of America, Puerto Rico or Canada and which is based on an allegation that a negligent security failure or weakness with respect to a computer or other electronic

hardware that is owned or leased by you and operated under your control allowed the loss, release or disclosure of business data that is owned by or proprietary to a third party. This does not include personally identifying information or other information that is sensitive or personal to individuals. If the 3rd Party Business Information line under Network Security Liability Optional Coverage on the SCHEDULE at the top of this endorsement is marked as Excluded or is blank, then "network security liability suit" does not include such suits.

- c. "Network security liability suit" includes the following:
 - 1) An arbitration or alternative dispute resolution proceeding that you are required to submit to or which we agree you should submit to; or
 - 2) A written demand for money, when such demand could reasonably result in a civil proceeding as described in this definition.
- d. "Network security liability suit" does not mean any demand or action alleging or arising from property damage or bodily injury.
- e. "Network security liability suit" does not mean any demand or action brought by or on behalf of someone who is:
 - 1) Your director or officer;
 - 2) Your owner or part-owner; or
 - 3) A holder of your securities;

in their capacity as such, whether directly, derivatively, or by class action.

- 9. "Period of Restoration" means the period of time that begins at the time that the "computer attack" is discovered by you and continues until the earlier of:
 - a. The date that all data restoration, data re-creation and system restoration directly related to the "computer attack" has been completed; or
 - b. The date on which such data restoration, data re-creation and system restoration could have been completed with the exercise of due diligence and dispatch.
- 10. "System Restoration Costs"
 - a. "System restoration costs" means the costs of an outside professional firm hired by you to do any of the following in order to restore your computer system to its pre- "computer attack" level of functionality:
 - 1) Replace or reinstall computer software programs;
 - 2) Remove any malicious code; and
 - 3) Configure or correct the configuration of your computer system.
 - b. "System restoration costs" does not mean:
 - 1) Costs to increase the speed, capacity or utility of your computer system;
 - 2) Labor of your employees;
 - 3) Any costs in excess of the actual cash value of your computer system; or
 - 4) Costs to repair or replace hardware.

All terms and conditions apply unless modified by this endorsement.