



REDGY CHRISTENSEN  
 515 N RIVER ST STE E  
 HAILEY

ID 83333

BMML-000157



**BLUFF CONDOMINIUM ASSOCIATION**  
**PO BOX 1856**  
**KETCHUM ID 83340-1781**

# 13/01 000157 0607020201 { 0 } BMML231125 001312



60702-02-01  
 11/25/23  
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Dear Farmers® Customer,

Thank you for choosing Farmers for your Business Insurance needs.

In today's business environment, we understand that your business needs may change during the year. For example, you may acquire new equipment, adjust your staffing, add a new location, create electronic ordering and/or billing for your customers or begin offering new services.

**These changes may require updated insurance coverage for your business.**

Farmers and its agents want to help make you smarter about your insurance. To do that, we offer special services at no additional cost to you to help you ensure your business has the coverage it needs.

For example:

- Your agent will be happy to schedule a Farmers Friendly Review® with you. During this review, your agent can talk to you about available insurance discounts, potential coverage gaps, and new products that may be available to you. In addition, if there have been changes in your business since your last policy review, your premium may be eligible for additional pricing consideration.
- MysafetyPoint.com makes safety and loss control information available that may help you avoid workplace injuries and other losses.

To access this information, log onto [www.mysafetypoint.com](http://www.mysafetypoint.com), then register with your policy number and email address to find safety and loss control information that is specific to your type of business.

**ENCLOSED YOU WILL FIND YOUR POLICY DOCUMENTS. PLEASE REVIEW YOUR COVERAGES TO ENSURE THEY MEET YOUR NEEDS.**

If you have any questions, please contact your Farmers agent.

**Redgy Christensen**

**Email: [rchristensen1@farmersagent.com](mailto:rchristensen1@farmersagent.com)**

**208-726-6046**





# STATEMENT

## TRUCK INSURANCE EXCHANGE

° BLUFF CONDOMINIUM ASSOCIATION

PO BOX 1856

KETCHUM ID 83340-1781

NOVEMBER 25, 2023

Date

75-47-34X

Agent's Number

60702-02-01

Policy Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

### This Statement Reflects:

Effective Date: 12/20/23

Loan Number

New Business       Reinstatement       Change Of Coverage       Added Coverage

\$ Previous Balance Owing

\$ Premium

\$ Membership, Policy, Reinstatement, Reissue or Service Fees

\$ Pro Rata Premium Due

\$ **2,810.00** Premium For Renewing Entire Present Coverage From 12/20/23 To 12/20/24

\$

\$

\$

\$

\$ **2,810.00** Total Charges

\$

\$ Payments

\$ Other Credits \_\_\_\_\_

\$ \_\_\_\_\_ Total Credits

\$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ \_\_\_\_\_ Optional Amount

\$ \_\_\_\_\_ Refund

**IMPORTANT- D-O-N-O-T-P-A-Y-T-H-I-S-N-O-T-I-C-E**  
**PREMIUM WILL BE BILLED. ACCT # F010255906-001-00001.**

# 13/05 000157 0607020201 { 0 } BMMML231125 001316





## Important Information About Your Renewal Policy

As you review the enclosed renewal policy, please note that endorsement *U5525 - Broad Abuse or Molestation Exclusion* has been added to your Commercial Umbrella policy.

This endorsement excludes coverage with respect to damages arising out of actual, alleged or threatened abuse or molestation of any person committed by anyone. Please see the endorsement for important details of this exclusion.

The attachment of this endorsement will result in a reduction in coverage under Coverage **A** Bodily Injury And Property Damage Liability and Coverage **B** Personal And Advertising Injury Liability in your policies *Commercial Umbrella Liability Coverage Form CU 00 01 04 13*.

This notice provides a summary of the changes to your policy; it is not part of your insurance contract. It is not a substitute for reviewing your policy. Please review your policy and its attached endorsements for complete information.

If you have any questions about this change, please contact your Farmers® agent.

# 13/08 000157 0607020201 (0) BMML231125 001319





**Truck Insurance Exchange (A Reciprocal Insurer)**  
 Member Of The Farmers Insurance Group Of Companies®  
 Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

## COMMERCIAL UMBRELLA POLICY DECLARATIONS

**1. Named Insured** BLUFF CONDOMINIUM ASSOCIATION

F010255906-001-00001  
 Account No.

**Mailing Address** PO BOX 1856  
 KETCHUM, ID 83340-1781

75-47-34X      60702-02-01  
 Agent No.      Policy Number

**Form of Business**     Individual     Joint Venture     Limited Liability Co.  
 Corporation     Partnership     Other Organization

**Business Description:**  
 Habitational

**2. Policy Period** From 12-20-2023 (not prior to time applied for)  
 To 12-20-2024 12:01 A.M. Standard time at your mailing address shown above.

If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

**3. Schedule Of Underlying Insurance** See Schedule Of Underlying Insurance(s) Below

**4. Limit Of Insurance**      \$5,000,000      Policy Aggregate Limit  
    \$5,000,000      Each Occurrence Limit  
    \$5,000,000      Personal And Advertising Injury Limit

**Self-Insured Retention**      \$10,000

**5. Advance Premium**      \$2,810      (See Additional Fee Information Below)

Adjustable At A Rate Of      Per      Of

**Annual Minimum Premium**

**Your Agent** Redgy Christensen  
 Redgy J Christensen Insurance Agenc  
 515 N River St Ste E  
 Hailey, ID 83333  
 (208) 726-6046

# 13/09 000157 06607020201 (0)BMML231125 001320



Underlying Policy Coverage	Included Under Umbrella?
General Liability Occurrences & Aggregate	Included
Personal & Advertising Injury	Included
Products & Completed Operations Hazard	Included
Hired Auto Liability	Included
Non-Owned Auto Liability	Included
Preferred Community Association Management Coverage	Included

**Schedule Of Underlying Insurance**

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
General/Business Liability	Truck Insurance Exchange	60702-01-98	As Covered	General Aggregate	\$4,000,000
				Prods & Comp Ops Aggregate	\$2,000,000
				Pers & Adv Injury Limit	Included
				Each Occurrence	\$2,000,000
Commercial Automobile Liab	Not Covered				
Employer's Liability	Not Covered				

**Schedule Of Underlying Insurance (continued)**

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
Preferred Community Association Mgmt	Truck Insurance Exchange	60702-01-98	As Covered	Each Claim	\$2,000,000
				Annual Aggregate	\$2,000,000

# 13/10 000157 0607020201 { 0 } BMMML231125 001321



**Policy Forms And Endorsements Attached At Inception**

Number	Title
25-3037C1	Subscription Agreement
25-6607ED1	Notice Re Abuse Or Molestation Excl
25-8822C1	Subscription Agreement Return Copy
25-9200ED3	Farmers Privacy Notice
25-9230ED3	PH Reminder - Review Your Coverage
31-1275ED6	Memorandum Of Commercial Insurance *
56-5166ED6	Additional Conditions-Reciprocal
CU00010413	Commercial Liability Umbrella Covg Form
CU212302Q2	Nuclear Energy Liability Exclusion
CU21440115	Conditional Exclusion Of Terrorism
CU21580509	Communicable Disease Exclusion
CU21730615	Excl - Unmanned Aircraft Covg B Only
CU21870514	Excl - Disclosure Of Confidential Info
CU24320413	Limited Coverage Territory
IL00171198	Common Policy Conditions
U5000-ED2	Commli Liab Umbrella Amendatory Endsmt
U5002-ED1	Amend Of Personal & Advertising Injury
U5112-ED1	Pref Comm Assoc Mgmt Covg - Follow Form
U5201-ED1	Amended Pollution Exclusion
U5204-ED1	Excl - Asbestos, Silica & Related Dust
U5214-ED1	Excl - Cyber Liab Data Breach
U5218-ED1	Excl - Employment Practices Liability
U5220-ED1	Excl - Lead Poisoning And Contamination
U5222-ED1	Exclusion - Marijuana
U5223-ED1	Exclusion - Mold And Microorganism
U5227-ED1	Exclusion - Punitive Or Enhanced Damages
U5302-ED1	Limitation - Designated Premises/Project
U5303-ED1	Two Or More Covg Parts Forms Or Policies
U5401-ED1	Disclosure Terrorism Risk Insurance Act
U5402-ED1	Limited Terrorism Exclusion
U5525-ED1	Broad Abuse Or Molestation Exclusion

Countersigned (Date)

By Authorized Representative



**Additional Fee Information**

The following additional fees apply on an account level basis. This means that if you have several policies on one account, these fees apply to the account, not each of the policies on it.

- An **Installment fee** will be assessed on every billing statement and will be included in the minimum amount due. However, if you choose to pay the entire account balance in full upon receipt of the first installment, the fee will be waived. Another way to have the entire installment fee waived is for an account to be scheduled for recurring Electronic Funds Transfer (EFT) payments. Below is a breakdown of installment fees for Non-EFT accounts:

State	Installment Fee
All States Except Alaska, Florida, Maryland, New Jersey and West Virginia	\$6.00
New Jersey	\$7.00
West Virginia	\$5.00
Florida	\$3.00
Alaska and Maryland	Not applicable

- A **returned payment fee** applies per check, electronic transaction or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account. *NOTE: If the returned payment is in response to a Notice of Cancellation, coverage still cancels on the cancellation effective date set forth in the notice.*

State	Returned Payment Fee
All States Except Alaska, Florida, Georgia, Indiana, Maine, Nebraska, New Jersey, North Dakota, Oklahoma, Virginia and West Virginia	\$30.00
North Dakota And Oklahoma	\$25.00
Georgia, Indiana And Nebraska	\$20.00
Florida And West Virginia	\$15.00
Maine	\$10.00
Alaska, New Jersey And Virginia	Not applicable

- A **late fee** will be assessed on each Notice of Cancellation that is issued and will be included in the minimum amount due.

State	Late Fee
All States Except Alaska, Florida, Maryland, Missouri, Nebraska, New Jersey, Rhode Island, South Carolina, Virginia, and West Virginia	\$20.00
Florida, Nebraska, Rhode Island And South Carolina	\$10.00
Alaska, Maryland, Missouri, New Jersey, Virginia And West Virginia	Not applicable

The following applies on a per-policy basis.

- If a policy is eligible and is reinstated, a **reinstatement fee** of \$25.00 will be assessed. One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

# 13/11 000157 0607020201 ( 0 ) BMML231125 001322



THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.



**U5401**  
1st Edition

**DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

**SCHEDULE**

<b>SCHEDULE - PART I</b>	
<b>Terrorism Premium (Certified Acts)</b>	\$ 28.00
<b>Additional information, if any, concerning the terrorism premium:</b>	
<b>SCHEDULE - PART II</b>	
<b>Federal share of terrorism losses</b>	<u>80</u> % Year: 20 <u>23</u>
(Refer to Paragraph B. in this endorsement)	
<b>Federal share of terrorism losses</b>	<u>80</u> % Year: 20 <u>24</u>
(Refer to Paragraph B. in this endorsement)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

# 13/12 000157 0607020201 (0)BMMML231125 001323



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



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## **BROAD ABUSE OR MOLESTATION EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

The following exclusion is added to Paragraph 2. **Exclusions** of **Section I - Coverage A - Bodily Injury And Property Damage Liability** and **Section I - Coverage B - Personal And Advertising Injury Liability**:

This insurance does not apply to damages arising out of the actual, alleged or threatened abuse or molestation, including but not limited to, mental abuse, corporal punishment, sexual abuse or sexual molestation, of any person committed by anyone.

This includes, but is not limited to, the actual or alleged negligent hiring, employment, investigation, reporting to the proper authorities, or failure to so report, supervision, training or retention of any person or organization.

# 13/13 000157 0607020201 ( 0 ) BMMML231125 001324



This endorsement is part of your policy. It supersedes and controls anything to the contrary. It is otherwise subject to all the terms of the policy.