

"The Insurance People"

September 16, 2009

Cobblestone Homeowners Association P.O. Box 1503 Frisco, CO 80443

RE:

Allstate Insurance Company

Commercial Package Policy #050379568

Effective 10/25/09 to 10/25/10

Diane Stuhr/JohnKane,

P.O. Box 5000 Frisco Colorado 80443 (970) 668-3500 fax 668-3342

Enclosed is the renewal of your Commercial Package and invoice. Please review the policy carefully and make sure that all of the information is correct. If anything needs to be changed, please contact us immediately.

P.O. Box 860 Breckenridge Colorado 80424 (970) 453-6496 fax 453-7891 Please read your policy carefully and become aware of the coverage afforded by it. Please keep in mind, optional coverage and higher limits are available for additional costs. Let us know if you are interested in quotes or wish to discuss in further detail.

A brief summary of coverage is included with this mailing; however, you should refer to the policy for actual terms and conditions of the contract. If you need Certificates of Insurance mailed out for the renewal term please furnish us with a current list of unit owners.

P.O. Box 918 Avon Colorado 81620 (970) 949-5110 fax 949-6306 Thank you for choosing Arrow Insurance for your insurance needs. We appreciate your business.

For The Arrow Insurance Team,



Effea Baum

Arrow Insurance Mgt - Frisco



Allstate Insurance Company Commercial Package 10/25/09 to 10/25/10

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General	112		
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Comprehensive limit	\$1,000,000
Medical Payment Limit – each person	\$ 5,000
- Each accident	\$ 25,000
Fire Damage/Specified Peril Legal Liability	\$ 50,000
Advertising Injury	\$ 100,000
Board of Managers Liability	Included

Property

Blanket Building	\$2,235,000
Personal Property	N/A
Deductible	\$1000
Water Damage	Included

Crime

Employee Dishonesty	No Coverage

<u>Contractors Equipment</u> No Coverage

Automobile Coverage

Hired Auto Liability	Included
Non-owned Auto Liability	Included

Workers Compensation No Coverage

<u>Umbrella Liability</u> No Coverage

This summary has been prepared by Arrow Insurance Management for information purposes only. In the event of a discrepancy between the policy and this summary, the policy provisions will prevail.



Your Policy Number: CUSTOMIZER INSURANCE BILL

050 379568

1025

DUE DATE: TO PAY IN FULL: MINIMUM AMOUNT DUE: 10/25/2009 \$5,193.00 \$5,193.00

Amount Enclosed:

\$

ALLSTATE INSURANCE COMPANY

PO BOX 5000 FRISCO CO 80443-5000

Bill to:

COBBLESTONE HOMEOWNERS ASSOCIATION

P.O. BOX 1503 FRISCO, CO 80443-1503

Insured: COBBLESTONE HOMEOWNERS ASSOCIATION

P.O. BOX 1503 FRISCO, CO 80443-1503 Return Payment to:

- Ալինոլիանին Ալրոյիին իկիլիիին իրանին անձագույան

ALLSTATE INSURANCE COMPANY

PO BOX 3578 AKRON OH 44309-3578

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PLEASE RETAIN THIS PORTION FOR YOUR RECORDS.

BILLING DATE

09/04/2009

POLICY NUMBER 050 379568	EFFECTIVE DATE 10/25/2009
ANNUAL PREMIUM:	\$5,193.00
CURRENT AMOUNT DUE:	\$5,193.00
DATE DUE:	10/25/2009
TO PAY IN FULL:	\$5,193.00

Agent: ARROW INSURANCE

Office: INDEPENDENT AGENT RCC

Phone:

(970) 668-3500

Phone:

(800) 745-1060

BILL

