

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

E4277
1st Edition

Policy Number: 04597-94-97

POLICY CHANGES

Effective Date of Change: 11/06/11

Expiration Date: 11/06/12

Change Endorsement No.: 002

Agent: 07-33-393

Named Insured: TRAILMARK HOMEOWNERS ASSN IN

C/O COLORADO MANAGEMENT
8100 SOUTHPARK WAY A-5
LITTLETON CO 80120

The following item(s):

| | | | |
|--|-----------------------------------------|---|----------------------------------------------|
| | Insured's Name | X | Insured's Mailing Address |
| | Policy Number | | Company |
| | Effective / Expiration Date | | Insured's Legal Status / Business of Insured |
| | Payment Plan | | Premium Determination |
| | Additional Interested Parties | | Coverage Forms and Endorsements |
| | Limits / Exposures | | Deductibles |
| | Covered Property / Location Description | | Classification / Class Codes |
| | Rates | | Underlying Insurance |

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

| X | No Changes | To Be Adjusted At Audit | Additional Premium | Return Premium |
|--------------------------------------|------------|-------------------------|--------------------|----------------|
| | | | \$ | \$ |
| Authorized Representative Signature: | | | | |



FARMERS

Policy Changes Endorsement Description

CHANGE BUSINESS INFORMATION
CHANGE: MAILING ADDRESS TO
C/O COLORADO MANAGEMENT 8100 SOUTHPARK WAY A-5
LITTLETON CO 80120
CHANGE: INSURED'S PHONE NUMBER TO 303-661-0083

**Removal
Permit**

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

**FARMERS INSURANCE EXCHANGE
(A RECIPROCAL COMPANY)**

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

**COMMON POLICY DECLARATIONS
CONDOMINIUM - PRIMARY**

1. **TRAILMARK HOMEOWNERS ASSN INC**
 Named .
 Insured . **C/O HAMMERSMITH MANAGEMENT INC**
 Mailing . **5619 DTC PARKWAY SUITE 900**
 Address . **GREENWOOD VILLAGE CO 80111**

| | |
|------------------|--------------------|
| Acct. No. | Prod. Count |
| 07-33-393 | 04597-94-97 |
| Agent No. | Policy Number |

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)
 Type of Business **CONDOMINIUM**

2. Policy Period from **11/06/11** (not prior to time applied for) to **11/06/12** 12:01 a.m. Standard Time

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.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS LISTED BELOW AND FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO CHANGE.

| | Premium After Applicable Discount and Modification |
|----------------------------------------------------------|----------------------------------------------------|
| CONDOMINIUMS OWNERS POLICY | \$1,089.00 |
| DIRECTORS AND OFFICERS LIABILITY COVERAGE PART | \$611.00 |
| CERTIFIED ACTS OF TERRORISM - SEE DISCLOSURE ENDORSEMENT | INCLUDED |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL | SEE INVOICE ATTACHED |

Forms applicable to all Coverage Parts:

Countersigned _____ By _____
 (Date) (Authorized Representative)

Agent: **RICHARD SCHAD**
 Agent Phone: **303-661-0083**



FARMERS

FARMERS INSURANCE EXCHANGE

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

POLICY DECLARATIONS

CONDOMINIUM - PRIMARY

| | | | | |
|----|---------|----------------------------------|-----------|---------------|
| 1. | Named | : TRAILMARK HOMEOWNERS ASSN INC | _____ | _____ |
| | Insured | : | Acct. No. | Prod. Count |
| | Mailing | : C/O HAMMERSMITH MANAGEMENT INC | 07-33-393 | 04597-94-97 |
| | Address | : 5619 DTC PARKWAY SUITE 900 | Agent No. | Policy Number |
| | | : GREENWOOD VILLAGE CO 80111 | | |

The named insured is an individual unless otherwise stated:

Partnership Corporation Joint Venture Organization (Any other)

Type of Business CONDOMINIUM

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3. Insured location same as mailing address unless otherwise stated:

001 9515 S FLOWER WAY LITTLETON CO 801278531

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

PROPERTY

COVERAGES AND LIMITS OF INSURANCE

| COVERAGES | PREMISE NO. 001 |
|-----------------------------|-----------------|
| BUILDINGS | \$79,900 |
| BUILDING ORDINANCE AND LAW | COV 1 COVERED |
| | COV 2 \$28,100 |
| | COV 3 \$11,200 |
| SPECIFIED PROPERTY | \$10,500 |
| ASSOCIATION FEE AND | \$100,000 |
| EXTRA EXPENSE | |
| AUTOMATIC BUILDING INCREASE | 8% |
| PROPERTY DEDUCTIBLE | \$1,000 |

ADDITIONAL COVERAGES

| COVERAGE | All Premises |
|--------------------------|---------------|
| MASTER KEY | \$100/\$5,000 |
| NON-OWNED AUTO LIABILITY | \$2,000,000 |



COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence

| COVERAGE | All Premises |
|--------------------------------|--------------|
| ACCOUNTS RECEIVABLE | \$5,000 |
| VALUABLE PAPERS | \$5,000 |
| EDP | \$5,000 |
| NEWLY ACQ PROP OR CONST BLDG | \$250,000 |
| PERS PROP AT NEWLY ACQ PREMISE | \$100,000 |

OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.

| COVERAGE | All Premises |
|--------------------------------|---------------------------------------------------|
| OUTDOOR SIGNS | \$5,000 |
| EMPLOYEE DISHONESTY | \$25,000 |
| MONEY AND SECURITIES | \$5,000 |
| OUTDOOR PROPERTY | \$2,500 |
| DIRECTORS & OFFICERS LIABILITY | \$2,000,000EACH CLAIM \$2,000,000ANNUAL AGGREGATE |

LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.

| COVERAGE | LIMITS OF INSURANCE |
|-------------------|------------------------------------------|
| LIABILITY | \$2,000,000 PER OCC/ \$4,000,000 GEN AGG |
| MEDICAL EXPENSES | \$5,000 PER PERSON |
| TENANTS LIABILITY | \$75,000 PER OCCURRENCE |

Mortgage Holders:

| Premises No. | Mortgage Holder Name, Address |
|--------------|-------------------------------|
| | |

Countersigned _____ (Date) By _____ (Authorized Representative)