

# Renewal Declarations Businessowners Policy



Please read your policy

American Family Insurance Company  
6000 American Parkway  
Madison WI 53783  
For customer service and claims service  
24 hours a day, 7 days a week  
**1-800-MY AMFAM (1-800-692-6326)**  
**amfam.com**

## Named Insured And Mailing Address

Inn Condominium Association  
PO Box 13  
Garden City UT 84028-0013

## Policy Information

Policy number	Policy period	Billing account number
91003-51139-64	4/30/2024 to 4/30/2025 12:01 A.M. Standard Time at your mailing address shown above.	608-791-034-98

## Business and Operations Information

Year Started: 2012  
Description of Business and Operations:  
Form of Business: Corporation

Insurance applies only for coverages for which a limit of insurance or the word "Included" is shown unless coverage is provided by an endorsement. Blanket Insurance applies only for coverages for which a Blanket Limit of Insurance is shown.

As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

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

Policy Number: 91003-51139-64

Premium Information	
<b>Total Advance Premium Per Term (Excluding Surcharges and Terrorism):</b>	\$48,557.53
<b>Cyber Claim Support and Risk Management Surcharge:</b>	\$7.00
<b>Certified Acts of Terrorism Premium:</b>	\$0.00
<b>Total Advance Premium Per Term:</b>	\$48,557.53
<b>Premium with Customer Full Pay Discount (not available on policies billed to a Third Party):</b>	\$46,139.70

This premium may be subject to adjustment. You may be charged a fee when: (a) you pay less than the full amount due; (b) your payment is late; and/or (c) when your bank does not honor your check or electronic payment. Refer to your Billing Notice for fee amounts.

Policy Level Coverages	
<b>Property Causes Of Loss</b>	
Causes Of Loss .....	Risks of Direct Physical Loss
<b>Per Occurrence Property Deductible</b>	
Deductible .....	\$10,000
<b>General Liability</b>	
Liability And Medical Expense Limit .....	\$2,000,000 Per Occurrence
Medical Expense Limit .....	\$5,000
Other Than Products/Completed Operations Aggregate.....	\$4,000,000
Products/Completed Operations Aggregate .....	\$4,000,000
<b>Condominium Enhancement</b> .....	Refer to BPF 87 90
Level .....	Platinum
<b>Cyber Data Breach Coverage</b> .....	Refer to BPF 84 84
Without Business Interruption	
<b>Directors And Officers Liability</b>	
Level .....	Silver
Named Association .....	Inn Condominium Association
Directors And Officers Liability Annual Aggregate Limit Of Insurance .....	\$2,000,000
Deductible .....	\$1,000
Retroactive Date .....	05/01/2012
Extended Reporting Period .....	No
<b>Employee Dishonesty</b>	
Limit .....	\$100,000 Per Occurrence
Deductible .....	\$1,000
<b>Hired Auto And Non-Owned Auto Liability</b> .....	Refer to BP 04 04

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Additional Insured(s) Information			
Name	Type	Interest	Location
EPIC GETAWAYS AND RETREATS, LLC MANAGER PATRICK CRUMMETT	Additional Insured - Managers or Lessors Of Premises	All Buildings	970 N Harbor Village East GARDEN CITY UT 84028-7704

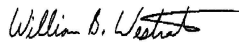
**Agent Information**

Joshua L Barnett

[jbarnett@amfam.com](mailto:jbarnett@amfam.com)

64 E CENTER ST  
Logan UT 84321-4619  
435-750-0108

AUTHORIZED REPRESENTATIVE

  
President

  
Secretary

Policy Number: 91003-51139-64

**Location 1 - Location Details**

**Program:** Condo/Townhouse Associations

**Location Address:** 970 N Harbor Village East GARDEN CITY UT 84028-7704

**Location Description:**

Policy Number: 91003-51139-64

**Location 1 Building 1 - Building Level Coverages**

**Location 1 Building 1 - Building Level Details**

**Building Address:** 970 N Harbor Village East GARDEN CITY UT 84028-7704

**Occupancy:** Residential Condominiums without Mercantile

**Building Interest:** Owner - Leased to Other

**Building Description:** 970 N HARBOR VILLAGE EAST DR-1

**Building**

Limit Of Insurance ..... \$2,717,400  
 Guaranteed Replacement Cost applies.  
 Replacement Cost Coverage applies.

**Business Income Options**

Extended Number of Days For Ordinary Payroll Expense ..... 60 Days - Included  
 Extended Number of Days For Extended Business Income ..... 60 Days - Included  
 Business Income From Dependent Properties  
 Limit Of Insurance ..... \$5,000  
 Business Income And Extra Expense - Revised Period of  
 Indemnity - Number Of Consecutive Days ..... 12-Months  
 72 Hour Waiting Period Removed ..... Refer to BP 04 41

**Earthquake**

Earthquake/Volcanic Action Percentage Deductible ..... 10%

**Ordinance Or Law**

Coverage 1 Limit Of Insurance .....  
 Coverage 2 Limit Of Insurance .....  
 Coverage 3 Limit Of Insurance .....  
 Coverages 2 And 3 Combined Limit Of Insurance .....  
 Coverages 1, 2 And 3 Combined Limit Of Insurance ..... \$300,000  
 Business Income And Extra Expense Optional Coverage applies Refer to BPF 84 64  
 Number Of Hours Waiting Period For Period Of Restoration  
 Applicable To Business Income And Extra Expense Optional  
 Coverage ..... 0 Hours

**Water Back-Up And Sump Overflow (Building)**

Building Limit ..... \$2,717,400  
 Deductible ..... \$1,000

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<b>Location 1 Building 2 - Building Level Coverages</b>	
<b>Location 1 Building 2 - Building Level Details</b>	
<b>Building Address:</b> 815 N Harbor Dr GARDEN CITY UT 84028	
<b>Occupancy:</b> Residential Condominiums without Mercantile	
<b>Building Interest:</b> Owner - Leased to Other	
<b>Building Description:</b> 815 North Harbor Drive-2	
<b>Building</b>	
Limit Of Insurance .....	\$2,717,400
Guaranteed Replacement Cost applies.	
Replacement Cost Coverage applies.	
<b>Business Income Options</b>	
Extended Number of Days For Ordinary Payroll Expense .....	60 Days - Included
Extended Number of Days For Extended Business Income .....	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance .....	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days .....	12-Months
72 Hour Waiting Period Removed .....	Refer to BP 04 41
<b>Earthquake</b>	
Earthquake/Volcanic Action Percentage Deductible .....	10%
<b>Ordinance Or Law</b>	
Coverage 1 Limit Of Insurance .....	
Coverage 2 Limit Of Insurance .....	
Coverage 3 Limit Of Insurance .....	
Coverages 2 And 3 Combined Limit Of Insurance .....	
Coverages 1, 2 And 3 Combined Limit Of Insurance .....	\$300,000
Business Income And Extra Expense Optional Coverage applies	Refer to BPF 84 64
Number Of Hours Waiting Period For Period Of Restoration	
Applicable To Business Income And Extra Expense Optional	
Coverage .....	0 Hours
<b>Water Back-Up And Sump Overflow (Building)</b>	
Building Limit .....	\$2,717,400
Deductible .....	\$1,000

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<b>Location 1 Building 3 - Building Level Coverages</b>	
<b>Location 1 Building 3 - Building Level Details</b>	
<b>Building Address:</b> 865 N Harbor Village East GARDEN CITY UT 84028-7872	
<b>Occupancy:</b> Residential Condominiums without Mercantile	
<b>Building Interest:</b> Owner - Leased to Other	
<b>Building Description:</b> 865 N HARBOR VILLAGE EAST DR-4	
<b>Building</b>	
Limit Of Insurance .....	\$4,450,900
Guaranteed Replacement Cost applies.	
Replacement Cost Coverage applies.	
<b>Business Income Options</b>	
Extended Number of Days For Ordinary Payroll Expense .....	60 Days - Included
Extended Number of Days For Extended Business Income .....	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance .....	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days .....	12-Months
72 Hour Waiting Period Removed .....	Refer to BP 04 41
<b>Earthquake</b>	
Earthquake/Volcanic Action Percentage Deductible .....	10%
<b>Ordinance Or Law</b>	
Coverage 1 Limit Of Insurance .....	
Coverage 2 Limit Of Insurance .....	
Coverage 3 Limit Of Insurance .....	
Coverages 2 And 3 Combined Limit Of Insurance .....	
Coverages 1, 2 And 3 Combined Limit Of Insurance .....	\$300,000
Business Income And Extra Expense Optional Coverage applies	Refer to BPF 84 64
Number Of Hours Waiting Period For Period Of Restoration	
Applicable To Business Income And Extra Expense Optional	
Coverage .....	0 Hours
<b>Water Back-Up And Sump Overflow (Building)</b>	
Building Limit .....	\$4,450,900
Deductible .....	\$1,000

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<b>Location 1 Building 4 - Building Level Coverages</b>	
<b>Location 1 Building 4 - Building Level Details</b>	
<b>Building Address:</b> 929 N Harbor Village East GARDEN CITY UT 84028-7704	
<b>Occupancy:</b> Residential Condominiums without Mercantile	
<b>Building Interest:</b> Owner - Leased to Other	
<b>Building Description:</b> 929 N HARBOR VILLAGE EAST DR-5	
<b>Building</b>	
Limit Of Insurance .....	\$3,073,900
Guaranteed Replacement Cost applies.	
Replacement Cost Coverage applies.	
<b>Business Income Options</b>	
Extended Number of Days For Ordinary Payroll Expense .....	60 Days - Included
Extended Number of Days For Extended Business Income .....	60 Days - Included
Business Income From Dependent Properties	
Limit Of Insurance .....	\$5,000
Business Income And Extra Expense - Revised Period of	
Indemnity - Number Of Consecutive Days .....	12-Months
72 Hour Waiting Period Removed .....	Refer to BP 04 41
<b>Earthquake</b>	
Earthquake/Volcanic Action Percentage Deductible .....	10%
<b>Ordinance Or Law</b>	
Coverage 1 Limit Of Insurance .....	
Coverage 2 Limit Of Insurance .....	
Coverage 3 Limit Of Insurance .....	
Coverages 2 And 3 Combined Limit Of Insurance .....	
Coverages 1, 2 And 3 Combined Limit Of Insurance .....	\$300,000
Business Income And Extra Expense Optional Coverage applies	Refer to BPF 84 64
Number Of Hours Waiting Period For Period Of Restoration	
Applicable To Business Income And Extra Expense Optional	
Coverage .....	0 Hours
<b>Water Back-Up And Sump Overflow (Building)</b>	
Building Limit .....	\$3,073,900
Deductible .....	\$1,000



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<b>Blanket Property Insurance</b>			
<b>Blanket Number: 1</b>		<b>Limit Of Insurance: \$12,959,600</b>	
The schedule below identifies blanketed property for Blanket Number 1			
<b>Premises Number</b>	<b>Building Number</b>	<b>Location</b>	<b>Type of Covered Property</b>
1	1	Location 1: 970 N Harbor Village East, GARDEN CITY, UT	Building
1	2	Location 2: 815 N Harbor Dr, GARDEN CITY, UT	Building
1	3	Location 3: 865 N Harbor Village East, GARDEN CITY, UT	Building
1	4	Location 4: 929 N Harbor Village East, GARDEN CITY, UT	Building
See Blanket Coverage - Statement of Values for individual property details.			

<b>BPF 84 66 Earthquake And Volcanic Eruption (Sub-Limit)</b>		
<b>Blanket Limits</b>		
<b>Blanket Number:</b>		<b>Blanket Earthquake - Volcanic Eruption Limit:</b>
<b>Premises Number</b>	<b>Building Number</b>	<b>Description Of Covered Property</b>
<b>Increase Annual Aggregate Limit</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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<b>Forms And Endorsements</b>		
<b>Form Number</b>	<b>Edition Date</b>	<b>Title</b>
BP 00 03	07 13	Businessowners Coverage Form
BP 04 02	07 13	Additional Insured - Managers Or Lessors Of Premises
BP 04 04	01 10	Hired Auto And Non-Owned Auto Liability
BP 04 17	01 10	Employment-Related Practices Exclusion
BP 04 39	07 02	Abuse Or Molestation Exclusion
BP 04 41	07 13	Business Income Changes - Time Period
BP 04 54	01 06	Newly Acquired Organizations
BP 04 93	01 06	Total Pollution Exclusion With A Building Heating Equipment Exception And A Hostile Fire Exception
BP 05 01	07 02	Calculation of Premium
BP 05 17	01 06	Exclusion - Silica Or Silica-Related Dust
BP 05 24	01 15	Exclusion Of Certified Acts Of Terrorism
BP 05 41	01 15	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism Committed Outside The United States
BP 05 77	01 06	Fungi Or Bacteria Exclusion (Liability)
BP 05 98	07 13	Amendment Of Insured Contract Definition
BP 10 03	07 13	Earthquake
BP 14 78	07 13	Exclusion Of Loss Due To By-Products Of Production Or Processing Operations (Rental Properties)
BP 15 04	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - With Limited Bodily Injury Exception
BP 85 04	07 10	Exclusion - Lead Liability
BP 85 05	07 98	Exclusion - Punitive Damages
BP 85 10	07 98	Other Insurance Limitation Liability And Medical Expenses
BP 85 12	01 06	Asbestos Exclusion
BP IN 01	07 13	Businessowners Coverage Form Index
BPF 80 01	08 18	Businessowners Policy Jacket
BPF 80 03	08 18	Businessowners Coverage Form Changes
BPF 81 19	08 18	Utah Changes
BPF 84 11	08 18	Building Limit Inflation Protection Coverage
BPF 84 21	08 21	Water Back-Up and Sump Overflow
BPF 84 64	08 21	Ordinance Or Law Coverage
BPF 84 73	08 18	Guaranteed Replacement Cost Coverage
BPF 84 84	10 23	Commercial Cyber Data Breach Coverage - Utah
BPF 85 20	08 18	Artificial Earth Movement Exclusion
BPF 85 25	08 18	Marijuana Exclusion

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<b>Forms And Endorsements (continued)</b>		
<b>Form Number</b>	<b>Edition Date</b>	<b>Title</b>
BPF 85 26	05 22	Exclusion - Biometric Data, Identifiers or Information
BPF 86 03	08 18	Roof Surfacing Loss Payment Schedule
BPF 86 13	08 18	Statement of Values - Blanket Coverages
BPF 87 28	08 18	Utah Changes - Condominium Association Coverage
BPF 87 90	08 21	Condominium Enhancement Endorsement
BPF 89 01	08 18	Directors And Officers Liability Endorsement - Silver (Condominiums, Co-Ops, Associations)
CFRN 015	05 22	Notice to Policyholders - Exclusion - Biometric Data, Identifiers or Information
CFRN 026	09 23	Notice of Increase in Premium
CFRN 027	10 23	Notice to Policyholders - Cyber Data Breach Coverage
PLCF 28833	12 20	Offer Of Terrorism Insurance Coverage And Disclosure Of Premium

The complete policy consists of these declarations and the forms and endorsements at the time of issue.

Each paid claim under **Section II - Liability** and **Medical Expenses** coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II - Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.