C1AWRAY

COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY): 11/18/2024

AGENCY AssuredPartners 4582 S. Ulster Street Suite 600 Denver, CO 80237	CARRIER: James River Insurance Company NAIC CODE: 12203 COMPANY POLICY OR PROGRAM NAME: PROGRAM CODE: POLICY NUMBER: S0246528583
CONTACT NAME: PHONE (A/C, No, Ext): (303) 863-7788 FAX (A/C, No): E-MAIL ADDRESS: CODE: SUBCODE: AGENCY CUSTOMER ID: CASTRAN-01	UNDERWRITER: UNDERWRITER OFFICE: STATUS OF TRANSACTION: ☐ QUOTE ☐ ISSUE POLICY ☐ RENEW; ☐ BOUND (Give Date and/or Attach Copy); ☐ CHANGE DATE: TIME: ☐ AM ☐ PM; ☐ CANCEL

LINES OF BUSINESS

	INDICATE LINES OF BUSINESS	PREMIUM		PREMIUM		PREMIUM
X	BOILER & MACHINERY	$		CYBER AND PRIVACY	$	YACHT $
X	BUSINESS AUTO	$		FIDUCIARY LIABILITY	$	$
	BUSINESS OWNERS	$		GARAGE AND DEALERS	$	$
X	COMMERCIAL GENERAL LIABILITY	$		LIQUOR LIABILITY	$	$
	COMMERCIAL INLAND MARINE	$		MOTOR CARRIER	$	$
X	COMMERCIAL PROPERTY	$		TRUCKERS	$	$
	CRIME	$		UMBRELLA	$	$

ATTACHMENTS

	ACCOUNTS RECEIVABLE / VALUABLE PAPERS		GLASS AND SIGN SECTION		STATEMENT / SCHEDULE OF VALUES
	ADDITIONAL INTEREST SCHEDULE		HOTEL / MOTEL SUPPLEMENT		STATE SUPPLEMENT (If applicable)
	ADDITIONAL PREMISES INFORMATION SCHEDULE		INSTALLATION / BUILDERS RISK SECTION		VACANT BUILDING SUPPLEMENT
	APARTMENT BUILDING SUPPLEMENT		INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT		VEHICLE SCHEDULE
	CONDO ASSN BYLAWS (for D&O Coverage only)		INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT		
	CONTRACTORS SUPPLEMENT		LOSS SUMMARY		
	COVERAGES SCHEDULE		OPEN CARGO SECTION		
	DEALERS SECTION		PREMIUM PAYMENT SUPPLEMENT		
	DRIVER INFORMATION SCHEDULE		PROFESSIONAL LIABILITY SUPPLEMENT		
	ELECTRONIC DATA PROCESSING SECTION		RESTAURANT / TAVERN SUPPLEMENT		

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
11/15/2024	11/15/2025	☐ DIRECT ☒ AGENCY				$	$	$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Castlewood Ranch Paired Owners Association, Inc. c/o LCM Property Management, Inc. 1776 S Jackson St., Suite #300 Denver, CO 80210	GL CODE: SIC: 6514 NAICS: FEIN OR SOC SEC #: 43-2032839 BUSINESS PHONE #: WEBSITE ADDRESS:		

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE: SIC: NAICS: FEIN OR SOC SEC #: BUSINESS PHONE #: WEBSITE ADDRESS:		

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)	GL CODE: SIC: NAICS: FEIN OR SOC SEC #: BUSINESS PHONE #: WEBSITE ADDRESS:		

☐ CORPORATION ☐ JOINT VENTURE ☐ NOT FOR PROFIT ORG ☐ SUBCHAPTER "S" CORPORATION
☐ INDIVIDUAL ☐ LLC NO. OF MEMBERS AND MANAGERS: _____ ☐ PARTNERSHIP ☐ TRUST

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

CONTACT INFORMATION

CONTACT TYPE:	CONTACT TYPE:
CONTACT NAME:	CONTACT NAME:
PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL	PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL / SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # / BLD #	STREET / CITY / COUNTY	STATE / ZIP	CITY LIMITS	INTEREST	# FULL TIME EMPL / # PART TIME EMPL	
LOC # 1	STREET: See SOV For address list		☐ INSIDE	☐ OWNER	# FULL TIME EMPL:	ANNUAL REVENUES: $ / OCCUPIED AREA: SQ FT
BLD # 1	CITY: Castle Rock	STATE: CO	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL:	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP: 80104				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS: 218 units, 109 bldgs, no amenities						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET:		☐ INSIDE	☐ OWNER	# FULL TIME EMPL:	ANNUAL REVENUES: $ / OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL:	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET:		☐ INSIDE	☐ OWNER	# FULL TIME EMPL:	ANNUAL REVENUES: $ / OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL:	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET:		☐ INSIDE	☐ OWNER	# FULL TIME EMPL:	ANNUAL REVENUES: $ / OCCUPIED AREA: SQ FT
BLD #	CITY:	STATE:	☐ OUTSIDE	☐ TENANT	# PART TIME EMPL:	OPEN TO PUBLIC AREA: SQ FT
	COUNTY:	ZIP:				TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:						ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

☐ APARTMENTS	☐ CONTRACTOR	☐ MANUFACTURING	☐ RESTAURANT	☐ SERVICE	X Habitational	DATE BUSINESS STARTED (MM/DD/YYYY)
☐ CONDOMINIUMS	☐ INSTITUTIONAL	☐ OFFICE	☐ RETAIL	☐ WHOLESALE		10/29/2003

DESCRIPTION OF PRIMARY OPERATIONS
Residential Townhomes, 218 units, 109 bldgs, no amenities

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:	INSTALLATION, SERVICE OR REPAIR WORK	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK
	%	%

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE: ☐ CERTIFICATE ☐ POLICY ☐ SEND BILL	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED	☐ LIENHOLDER			LOCATION:	BUILDING:
☐ BREACH OF WARRANTY	☐ LOSS PAYEE			VEHICLE:	BOAT:
☐ CO-OWNER	☐ MORTGAGEE			AIRPORT:	AIRCRAFT:
☐ EMPLOYEE AS LESSOR	☐ OWNER			ITEM CLASS:	ITEM:
☐ LEASEBACK OWNER	☐ REGISTRANT			ITEM DESCRIPTION	
☐ LENDER'S LOSS PAYABLE	☐ TRUSTEE	REFERENCE / LOAN #:	INTEREST END DATE:		
☐		LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):	
REASON FOR INTEREST:			E-MAIL ADDRESS:		

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?	N

PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?	N

SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED

2. IS A FORMAL SAFETY PROGRAM IN OPERATION? ☐ SAFETY MANUAL ☐ SAFETY POSITION ☐ MONTHLY MEETINGS ☐ OSHA ☐	N
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?	N

4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) — N

LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER

5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? **(Missouri Applicants - Do not answer this question)** — N

☐ NON-PAYMENT ☐ AGENT NO LONGER REPRESENTS CARRIER ☐
☐ NON-RENEWAL ☐ UNDERWRITING ☐ CONDITION CORRECTED (Describe):

6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?	N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).	N

8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS? — N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS? — N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS? — N

OCCUR DATE	EXPLANATION	RESOLUTION	RESOLVE DATE

11. HAS BUSINESS BEEN PLACED IN A TRUST? **NAME OF TRUST:**	N
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD / DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)	N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?	N
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)	
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)	

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	$	$	$	$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

☐ Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST YEARS

TOTAL LOSSES: $

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y / N	CLAIM OPEN Y / N

SIGNATURE

☐ Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) **(Applicant's Initials):** _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE Signed by: Matthew Wood 5A220CAD9E164BE...		DATE 11/20/2024	NATIONAL PRODUCER NUMBER

ACORD

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

COMMERCIAL GENERAL LIABILITY SECTION

DATE (MM/DD/YYYY): 11/18/2024

AGENCY	CARRIER	NAIC CODE
AssuredPartners	James River Insurance Company	12203

POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED
S0246528583	11/15/2024	Castlewood Ranch Paired Owners Association, Inc.

IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy. Read all provisions of the policy carefully.

COVERAGES

- [X] COMMERCIAL GENERAL LIABILITY
  - [ ] CLAIMS MADE [X] OCCURRENCE
- [ ] OWNER'S & CONTRACTOR'S PROTECTIVE

DEDUCTIBLES

- [X] PROPERTY DAMAGE $ 2,500.00 [ ] PER CLAIM [ ] PER OCCURRENCE
- [ ] BODILY INJURY $
- [ ] $

LIMITS

		PREMIUMS
GENERAL AGGREGATE	$ 2,000,000	
LIMIT APPLIES PER: [X] POLICY [ ] LOCATION [ ] PROJECT [ ] OTHER:		PREMISES/OPERATIONS
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	$ 2,000,000	PRODUCTS
PERSONAL & ADVERTISING INJURY	$ 1,000,000	
EACH OCCURRENCE	$ 1,000,000	OTHER
DAMAGE TO RENTED PREMISES (each occurrence)	$ 50,000	
MEDICAL EXPENSE (Any one person)	$ 0	TOTAL
EMPLOYEE BENEFITS	$	
	$	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)
See attached Forms & Endorsements Schedule.

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:
1. UM / UIM COVERAGE [ ] IS [ ] IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE [ ] IS [ ] IS NOT AVAILABLE.

SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
1	1	CONDOMINIUMS-RESIDENTIAL - (ASSOC.RISK ONLY)	62003	U	218					

RATING AND PREMIUM BASIS
(P) PAYROLL - PER $1,000/PAY (C) TOTAL COST - PER $1,000/COST (U) UNIT - PER UNIT
(S) GROSS SALES - PER $1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: $	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

CONTRACTORS

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	

DESCRIBE THE TYPE OF WORK SUBCONTRACTED	$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:

PRODUCTS / COMPLETED OPERATIONS

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.	Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)	
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	
8. PRODUCTS UNDER LABEL OF OTHERS?	
9. VENDORS COVERAGE REQUIRED?	
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS RANK:	EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ EMPLOYEE AS LESSOR ☐ LIENHOLDER ☐ LOSS PAYEE ☐ MORTGAGEE ☐	REFERENCE / LOAN #:		LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	N
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	N
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)	N
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	N
5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?	N

EQUIPMENT	TYPE OF EQUIPMENT				INSTRUCTION GIVEN (Y/N)
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	
	☐	SMALL TOOLS	☐	LARGE EQUIPMENT	

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	N
7. ANY PARKING FACILITIES OWNED/RENTED?	N
8. IS A FEE CHARGED FOR PARKING?	N
9. RECREATION FACILITIES PROVIDED?	N
10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):	N

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply) ☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD	N
12. ARE SOCIAL EVENTS SPONSORED?	N
13. ARE ATHLETIC TEAMS SPONSORED?	N

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP			TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		
		☐ 12 & UNDER	☐ 13 - 18 ☐ OVER 18				☐ 12 & UNDER	☐ 13 - 18 ☐ OVER 18	
EXTENT OF SPONSORSHIP:					EXTENT OF SPONSORSHIP:				

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	N
15. ANY DEMOLITION EXPOSURE CONTEMPLATED?	N

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	N
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	N

LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)

18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	N
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	N
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	N
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	N
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	N

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	Signed by: Matthew Wood 5A220CAD9E164BE...	DATE 11/20/2024	NATIONAL PRODUCER NUMBER

ACORD

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

FORMS AND ENDORSEMENTS SCHEDULE

AGENCY	CARRIER	NAIC CODE
AssuredPartners	James River Insurance Company	12203

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
S0246528583	11/15/2024	Castlewood Ranch Paired Owners Association, Inc.

FORMS AND ENDORSEMENTS

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
					Cyber Llability Endt		

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

BUSINESS AUTO SECTION

DATE (MM/DD/YYYY): 11/18/2024

AGENCY	CARRIER	NAIC CODE
AssuredPartners	James River Insurance Company	12203

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)
S0246528583	11/15/2024	Castlewood Ranch Paired Owners Association, Inc.

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN. NO-FAULT	DOC	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES FOR WHICH INSURANCE IS REQUESTED NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?	N
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?	N
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	N
4. ARE ANY VEHICLES LEASED TO OTHERS?	N
5. ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups)	N
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)	N
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?	N

VEH #	NAME OF OTHER OWNER	VEH #	NAME OF OTHER OWNER

VEH #	DESCRIPTION	COST	VEH #	DESCRIPTION	COST
		$			$

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
8. ANY HOLD HARMLESS AGREEMENTS?	N
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.	N
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?	N
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?	N
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?	N
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?	N
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? **APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:** **1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or** **2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.**	N
15. HAS AGENT INSPECTED VEHICLES?	N
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?	N

DRV #	DATE (MM/DD/YYYY)	TYPE	PLACE (CITY, STATE)	# YRS REV

DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS
	$

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	NAME AND ADDRESS	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LIENHOLDER ☐ REGISTRANT ☐	RANK: _____ EVIDENCE: ☐ CERTIFICATE REFERENCE / LOAN #:	VEHICLE: LOCATION:
INTEREST	NAME AND ADDRESS	INTEREST IN ITEM NUMBER
☐ ADDITIONAL INSURED ☐ LOSS PAYEE ☐ EMPLOYEE AS LESSOR ☐ OWNER ☐ LIENHOLDER ☐ REGISTRANT ☐	RANK: _____ EVIDENCE: ☐ CERTIFICATE REFERENCE / LOAN #:	VEHICLE: LOCATION:

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

VEHICLE DESCRIPTION

☐ ACORD 129 attached for additional vehicles

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE		CHECK COVERAGES					DEDUCTIBLES		
☐ COMM'L	☐ FOR HIRE		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ ACV	☐ COMP/OTC ☐ SPEC C OF L
☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/OTC	☐ FG	☐ AA ☐ ST AMT	$
☐ FARM	☐ SERVICE	☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL		$	$ COLL
DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:					TOTAL PREM: $	

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE		CHECK COVERAGES					DEDUCTIBLES		
☐ COMM'L	☐ FOR HIRE		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ ACV	☐ COMP/OTC ☐ SPEC C OF L
☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/OTC	☐ FG	☐ AA ☐ ST AMT	$
☐ FARM	☐ SERVICE	☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL		$	$ COLL
DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:					TOTAL PREM: $	

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE		CHECK COVERAGES					DEDUCTIBLES		
☐ COMM'L	☐ FOR HIRE		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ ACV	☐ COMP/OTC ☐ SPEC C OF L
☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/OTC	☐ FG	☐ AA ☐ ST AMT	$
☐ FARM	☐ SERVICE	☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL		$	$ COLL
DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:					TOTAL PREM: $	

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:	☐ PP ☐ SPEC ☐ COML			

GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP

LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW
									$

USE		CHECK COVERAGES					DEDUCTIBLES		
☐ COMM'L	☐ FOR HIRE		☐ ADD'L NO-FAULT	☐ UNDRINS MOTOR	☐ F	☐ LSP	☐ RENT REIMB	☐ ACV	☐ COMP/OTC ☐ SPEC C OF L
☐ PLEASURE	☐ RETAIL	☐ LIAB	☐ MED PAY	☐ TOWING & LABOR	☐ FT	☐ COMP/OTC	☐ FG	☐ AA ☐ ST AMT	$
☐ FARM	☐ SERVICE	☐ NO-FAULT	☐ UNINS MOTOR	☐ SPEC C OF L	☐ FTW	☐ COLL		$	$ COLL
DRIVE TO WORK / SCHOOL	☐ < 15 MILES	☐ 15 MILES +	NET VEH DR/CR:					TOTAL PREM: $	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE Signed by: Matthew Wood 5A220CAD9E164BE...		DATE 11/20/2024	NATIONAL PRODUCER NUMBER

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

COLORADO COMMERCIAL AUTO
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY): 11/18/2024

AGENCY	APPLICANT/FIRST NAMED INSURED	
AssuredPartners	Castlewood Ranch Paired Owners Association, Inc.	
POLICY NUMBER: S0246528583	CARRIER: James River Insurance Company	NAIC CODE: 12203

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	1 4 X 9 / 2 7 / 3 X 8	X CSL ☐ BI EA PER $ 1,000,000 BI EACH ACCIDENT $ PROPERTY DAMAGE $
MEDICAL PAYMENTS	2 4 ☐ 8 / 3 7	EACH PERSON $
UNINSURED MOTORIST	2 6 / 3 7 / 4	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
HIRED/BORROWED LIABILITY	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED LIABILITY	☐ YES ☐ NO STATES	GROUP TYPE / NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
PHYSICAL DAMAGE		
TOWING & LABOR	3 / 7	$
COMP / OTC	2 4 ☐ 8 / 3 7	
SPECIFIED CAUSES OF LOSS	2 4 ☐ 8 / 3 7	
COLLISION	2 4 ☐ 8 / 3 7	

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
				☐ COMP $ ☐ SPEC C OF L $ ☐ COLL $

COVERAGE IS: ☐ PRIMARY ☐ SECONDARY

COVERED AUTO SYMBOLS
(1) ANY AUTO
(2) ALL OWNED AUTOS
(3) OWNED PRIVATE PASSENGER AUTOS
(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER
(5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE
(6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW
(7) AUTOS SPECIFIED ON SCHEDULE
(8) HIRED AUTOS
(9) NON-OWNED AUTOS

ENDORSEMENTS / REMARKS

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 41 ☐ 46 ☐ 42 ☐ 47 ☐ 43 ☐ 50	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
MEDICAL PAYMENTS	☐ 42 ☐ 46 ☐ 43	EACH PERSON $
UNINSURED MOTORIST	☐ 42 ☐ 46 ☐ 43 ☐ 45	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
NON-TRUCKERS HIRED/BORROWED	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED/BORROWED LIABILITY	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES ☐ NO STATES	GROUP TYPE / NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 42 ☐ 46 ☐ 43 ☐ 47		$
SPECIFIED CAUSES OF LOSS	☐ 42 ☐ 46 ☐ 43 ☐ 47	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 42 ☐ 46 ☐ 43 ☐ 47		$
TOWING & LABOR	☐ 46	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 48 ☐ 49					
SPECIFIED CAUSES OF LOSS	☐ 48 ☐ 49					
COLLISION	☐ 48 ☐ 49					$

	STATES	# DAYS	# VEH
HIRED PHYSICAL DAMAGE			
	COVERAGE IS: ☐ PRIMARY ☐ SECONDARY		
OTHER			

COVERED AUTO SYMBOLS

(41) ANY AUTO
(42) OWNED AUTOS ONLY
(43) OWNED COMMERCIAL AUTOS ONLY
(44) OWNED AUTOS SUBJECT TO NO-FAULT
(45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(46) SPECIFICALLY DESCRIBED AUTOS
(47) HIRED AUTOS ONLY
(48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(50) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

AGENCY CUSTOMER ID: CASTRAN-01 C1AWRAY

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	☐ 61 ☐ 67 ☐ 62 ☐ 68 ☐ 63 ☐ 71 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
MEDICAL PAYMENTS	☐ 62 ☐ 64 ☐ 63 ☐ 67	EACH PERSON $
UNINSURED MOTORIST	☐ 62 ☐ 66 ☐ 63 ☐ 67 ☐ 64	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
NON-TRUCKERS HIRED/BORROWED	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
TRUCKERS HIRED/BORROWED LIABILITY	☐ YES ☐ NO STATES	COST OF HIRE ☐ IF ANY BASIS $
NON-OWNED AUTO LIABILITY	☐ YES ☐ NO STATES	GROUP TYPE / NUMBER OF ☐ EMPLOYEES ☐ VOLUNTEERS ☐ PARTNERS
OTHER		

PHYSICAL DAMAGE

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE
COMP / OTC	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
SPECIFIED CAUSES OF LOSS	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64	☐ SCL ☐ FT ☐ LSP ☐ F ☐ FTW	$
COLLISION	☐ 62 ☐ 67 ☐ 63 ☐ 68 ☐ 64		$
TOWING & LABOR	☐ 63 ☐ 67	$	

TRAILER INTERCHANGE

COVERAGES	SYMBOL	# TRAILERS	FARTH ZONE	# DAYS	RADIUS	DEDUCTIBLE
COMP / OTC	☐ 69 ☐ 70					
SPECIFIED CAUSES OF LOSS	☐ 69 ☐ 70					
COLLISION	☐ 69 ☐ 70					$

HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH
COVERAGE IS:	☐ PRIMARY	☐ SECONDARY	

OTHER

COVERED AUTO SYMBOLS

(61) ANY AUTO
(62) OWNED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY
(64) OWNED COMMERCIAL AUTOS ONLY
(65) OWNED AUTOS SUBJECT TO NO-FAULT
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW
(67) SPECIFICALLY DESCRIBED AUTOS
(68) HIRED AUTOS ONLY
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT
(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS / REMARKS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
Signed by: Matthew Wood 5A220CAD9E164BE...	11/20/2024		