



UNITED FIRE & CASUALTY COMPANY

118 Second Avenue SE
P.O. Box 73909
Cedar Rapids, IA 52407-3909

A handwritten signature in cursive script that reads 'John A. Rife'.

President

A handwritten signature in cursive script that reads 'Neal R. Johnson'.

Secretary

A STOCK INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY - QUICK REFERENCE

READ YOUR POLICY CAREFULLY

The Commercial General Liability Policy consists of:

Declarations
Common Policy Conditions
Commercial General Liability Coverage Part
Endorsements (If Any)

DECLARATIONS PAGE

Named Insured and Mailing Address
Policy Period
Calculation of Premium
Description of Business and Location
Coverages and Limits of Insurance

COMMON POLICY CONDITIONS

Cancellation
Changes
Examination of Your Books and Records
Inspections and Surveys
Premiums
Transfer of Your Rights and Duties
Under This Policy

SECTION I - COVERAGES

Coverage A - Bodily Injury and Property
Damage Liability
 Insuring Agreement
 Exclusions
Coverage B - Personal and Advertising
Injury Liability
 Insuring Agreement
 Exclusions

Coverage C - Medical Payments

 Insuring Agreement
 Exclusions

Supplementary Payments

SECTION II - WHO IS AN INSURED

SECTION III - LIMITS OF INSURANCE

SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS

Bankruptcy
Duties In The Event of Occurrence, Claim or Suit
Legal Action Against Us
Other Insurance
Premium Audit
Representations
Separation of Insureds
Transfer of Rights of Recovery Against Others
to Us
When We Do Not Renew

SECTION V - DEFINITIONS

ENDORSEMENTS, IF ANY



UNITED FIRE & CASUALTY COMPANY
 PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 60045890

ACCOUNT NUMBER: 3000076080 (2) COMMERCIAL GENERAL LIABILITY
COMMERCIAL GENERAL LIABILITY COVERAGE PART
 DIRECT BILL -

ISSUE DATE 04-16-2007 CM REPLACEMENT OF 0104 60045890		DECLARATIONS AMENDED 03/23/2007	
NAMED OAK MEADOWS SERVICE COMPANY INSURED AND MAILING PO BOX 1298 ADDRESS GLENWOOD SPRINGS CO 81602-1298		AGENCY & CODE 022707 SCA INSURANCE/PUEBLO PO BOX 4316 PUEBLO CO 81003	
POLICY 12:01 A.M. Standard time PERIOD: at your mailing address shown above.		FROM: 12-04-2006 TO: 12-04-2007 And for successive policy periods as stated below.	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. 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. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$ 1,000,000
EACH OCCURRENCE LIMIT	\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$ 100,000
MEDICAL EXPENSE LIMIT (Any one person)	\$ 5,000

RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)
 NONE

BUSINESS DESCRIPTION WATER ASSOCIATION

FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other WATER COMPANY

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
CO LOC# 01 OFF SUN RING DR OAK MEADOWS SUBDVSN GLENWOOD SPRINGS, CO 81602						
CLUB-CIVIC/SERV/SOCIAL-NO BLDG OWNED - NON-PROFIT INCL PR/CO						
EA MEMBER	41670T)	68	INCL	2.362	INCL	161
SEWERS INCL PR/CO						
EA MILE	48039T)	2	INCL	159.440	INCL	319
WATER COMPANIES INCL PR/CO						
	99943P)	2,500	INCL	44.190	INCL	110

CONTINUED ON CG7004

PREMIUM BASIS DEFINITIONS a) Area per 1000 sq ft c) Total Cost per \$1000 g) Gallons per 1000 m) Admissions per 1000 p) Payroll per \$1000 s) Gross Sales per \$1000 t) Defined Above u) Units per unit

Premium Charge Forms	Advance Premium	Premium Charge Forms	Advance Premium
	SEE UW7002		

Other Forms SEE UW7002

Amend Reason AMEND NAMED INSURED

PREMIUM FOR THIS COVERAGE PART \$ 602
 Endorsement Adjustment Premium \$ NO CHANGE

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

X

(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CG 70 01 02 05

04029800



POLICY NUMBER: 60045890

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

Classifications and Locations of All Premises You Own, Rent or Occupy	Codes	Premium Basis	Rates		Advance Premiums	
			Pr/CO	All Other	Pr/CO	All Other
ADDL INSUREDS-CLUB MEMBERS						Incl
Certified Acts of Terrorism Coverage						12



POLICY NUMBER:

60045890

FORMS SUPPLEMENTAL DECLARATIONS

Other Forms

Applicable to the state of Colorado

CG0001(12-04) COMM GENERAL LIAB COVG FORM
 CG0067(03-05) EXCL-VIOLATION OF STATUTES THAT GOVERN EMAIL FAX
 CG2002(11-85) ADDL INSURED-CLUB MEMBERS
 CG2146(07-98) ABUSE/MOLESTATION EXCL
 CG2147(07-98) EMPLOYMENT-RELATED PRACTICES EXCL
 CG2149(09-99) TOTAL POLLUTION EXCL END
 CG2150(09-89) AMENDMENT OF LIQUOR LIAB EXCL
 CG2167(12-04) FUNGI/BACTERIA EXCL
 CG2171(12-02) LIMITED TERRORISM EXCL OTHER THAN CERTIFIED ACTS
 CG2196(03-05) SILICA/SILICA-RELATED DUST EXCL
 *CG7001(02-05) COMMERCIAL GENERAL LIABILITY COVERAGE PART
 *CG7004(02-05) COMM GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS
 CG7079(02-99) DISCRIMINATION EXCLUSION
 IL-0021(07-02) NUCLEAR ENERGY LIAB EXCL END
 IL0017(11-98) COMMON POLICY CONDITIONS
 IL0228(04-06) CO-CHGS CANCEL & NONRENEW
 IL7009(04-91) AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCLUSIO
 IL7068(08-04) EXCLUSION-LEAD-HAZARDOUS PROPERTIES
 IL7069(08-04) EXCLUSION-UNDERGROUND STORAGE TANKS
 IL7070(08-04) ABSOLUTE ASBESTOS EXCLUSION
 SPECEND(00-00) SPECIAL END
 SPECENDL(00-00) SPECIAL END-LONG FORM
 *ST1120CG(10-92) COMMERCIAL GENERAL LIABILITY POLICY-QUICK REFERENC
 *ST1450(07-02) NOTICE IDENTITY THEFT
 *UW7002(04-96) FORMS SUPPLEMENTAL DECLARATION



UNITED FIRE & CASUALTY COMPANY

PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER:

60045890

ACCOUNT NUMBER:3000076080 (2) COMMERCIAL PROPERTY

DIRECT BILL -

COMMERCIAL PROPERTY COVERAGE PART

ISSUE DATE 04-16-2007 CM	REPLACEMENT OF 0104	60045890	DECLARATIONS AMENDED 03/23/2007
NAMED OAK MEADOWS SERVICE COMPANY INSURED AND MAILING PO BOX 1298 ADDRESS GLENWOOD SPRINGS CO 81602-1298		AGENCY & CODE 022707 SCA INSURANCE/PUEBLO PO BOX 4316 PUEBLO CO 81003	
POLICY PERIOD: 12:01 A.M. Standard time	FROM: 12-04-2006	TO: 12-04-2007 And for successive policy periods as stated below.	

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. 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. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	RATE	PREMIUM
	BLANKET #01-Applies to the following coverages at Premises #01 Building #01 BUILDING YOUR BUSINESS PERSONAL PROPERTY at Premises #01 Building #02 BUILDING YOUR BUSINESS PERSONAL PROPERTY at Premises #02 Building #01 BUILDING at Premises #03 Building #01 BUILDING	1,287,100	.221	2,845
01 01	OFF SUNRING OAK MEADOWS SUB GLENWOOD SPRINGS CO 81602 FRAME WATER DISTRICT BUILDING Special Causes of Loss 500 Ded Replacement Cost 90% Coins Automatic Valuation Adjustment	Incl	Incl	Incl
	EXTRA EXPENSE Special Causes of Loss No Ded 40%-80%-100% Limits on Loss Payment	10,000	.672	68
	YOUR BUSINESS PERSONAL PROPERTY CONTINUED ON CP7002	Incl	Incl	Incl

ABBREVIATIONS: BLDG=BUILDING COINS=COINSURANCE DED=DEDUCTIBLE INCL=INCLUDED PREM=PREMISES

Premium Charge Forms SEE UW7002	Advance Premium	Premium Charge Forms	Advance Premium
Other Forms SEE UW7002			

AMEND REASON: AMEND NAMED INSURED

PREMIUM FOR THIS COVERAGE PART	\$ 2,971
Endorsement Adjustment Premium	\$ NO CHANGE

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.

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(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

CP 70 01 12 92

07029830



POLICY NUMBER:

60045890

COMMERCIAL PROPERTY SUPPLEMENTAL DECLARATIONS

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	RATE	PREMIUM
01 01	CONTINUED Special Causes of Loss Replacement Cost 4% Inflation Guard	500 Ded 90% Coins		
01 02	OFF SUNRING OAK MEADOWS SUB GLENWOOD SPRINGS CO 81602 FRAME FILTRATION PLANT BUILDING Special Causes of Loss Replacement Cost Automatic Valuation Adjustment	500 Ded 90% Coins	Incl Incl	Incl Incl
	YOUR BUSINESS PERSONAL PROPERTY Special Causes of Loss Replacement Cost 4% Inflation Guard	500 Ded 90% Coins	Incl	Incl Incl
02 01	102 NORTH OAK WAY GLENWOOD SPRINGS CO 81601 METAL&CONCRETE WASTE WATER TREATMENT FACILITY BUILDING Special Causes of Loss Replacement Cost Automatic Valuation Adjustment	500 Ded 90% Coins	Incl Incl	Incl Incl
03 01	TOP OF SUN KING DR GLENWOOD SPRINGS CO 81601 STEEL WATER STORAGE TANK BUILDING Special Causes of Loss Replacement Cost Automatic Valuation Adjustment	500 Ded 90% Coins	Incl	Incl Incl
	Certified Acts of Terrorism Coverage			58

CP 70 02 12 92

08029840



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FORMS SUPPLEMENTAL DECLARATIONS

Other Forms

Applicable to the state of Colorado

CP0010(04-02)	BLDG & PERSONAL PROP COVG FORM
CP0050(04-02)	EXTRA EXP COVG FORM
CP0090(07-88)	COMM PROP CONDITIONS
CP1030(04-02)	CAUSES OF LOSS-SPECIAL FORM
*CP7001(12-92)	COMM PROP DEC
*CP7002(12-92)	COMM PROP SUPPLEMENTAL DEC
CP7003(11-86)	AUTOMATIC VALUATION ADJUSTMENT-APPLIES TO BLDG
ILO017(11-98)	COMMON POLICY CONDITIONS
ILO169(07-02)	CO-CHGS CONCEALMENT MISREPRESENTATION/FRAUD
ILO228(04-06)	CO-CHGS CANCEL & NONRENEW
ILO959(11-02)	LIMITED EXCL OF ACTS OF TERRORISM
*UW7002(04-96)	FORMS SUPPLEMENTAL DEC

