

Policy Number: **AM 9304521 00**

PARKSIDE AT QUAIL RIDGE
CONDOMINIUM ASSOCIATION
% FOSTER MANAGEMENT
700 KEN PRATT BLVD STE 111
LONGMONT CO 80501-6452

ATTACHED ARE DOCUMENTS FOR THE FOLLOWING NAMED INSURED:

PARKSIDE AT QUAIL RIDGE
CONDOMINIUM ASSOCIATION
% FOSTER MANAGEMENT
700 KEN PRATT BLVD STE 111
LONGMONT CO 80501-6452

11-05-20



Policy Number
AM 9304521 00

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 003

COUNTRY Mutual Insurance Company

Named Insured PARKSIDE AT QUAIL RIDGE

Effective Date: 05-20-20
12:01 A.M., Standard Time

Agent Name FEULA MATTHEW F

Agent No. 04914

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- | | |
|---|---|
| <input type="checkbox"/> Commercial Property | <input type="checkbox"/> Commercial Trucker/Motor Carrier |
| <input type="checkbox"/> Commercial General Liability | <input type="checkbox"/> Commercial Garage/Auto Dealer |
| <input type="checkbox"/> Commercial Crime | <input type="checkbox"/> Commercial Umbrella |
| <input type="checkbox"/> Commercial Inland Marine | |
| <input type="checkbox"/> Businessowner | |
| <input type="checkbox"/> Commercial Automobile | |

The following item(s):

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

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

THE INSURED ADDRESS HAS BEEN CHANGED FROM:
% FOSTER MANAGEMENT 700 KEN PRATT BLVD STE 11
LONGMONT, CO 80501-6452
TO:
% FOSTER MANAGEMENT 700 KEN PRATT BLVD STE 111
LONGMONT, CO 80501-6452

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

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

This premium does not include taxes and surcharges.

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return
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Tax and Surcharge Changes

Additional	Return
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Countersigned By:

AUTHORIZED AGENT



Policy Number

AM 9304521 00

SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTRY Mutual Insurance Company

Named Insured PARKSIDE AT QUAIL RIDGE

Effective Date: 05-20-20
12:01 A.M., Standard Time

Agent Name FEULA MATTHEW F

Agent No. 04914

COMMON POLICY FORMS AND ENDORSEMENTS

FORM-SCHED	01-97	SCHEDULE OF FORMS AND ENDORSEMENTS
CO-CHANGES	01-97	COMMON POLICY CHANGE ENDORSEMENT