

POLICY NUMBER S 17 FZX 80937724

Previous Policy Numbers S 17 FZX 80927292

Coverage for sections other than WORKERS'
COMPENSATION is provided in the following Company:
THE AMERICAN
INSURANCE COMPANY
COLUMBUS, OH 43215-6101
A STOCK INSURANCE CO. (18)

PORTFOLIO POLICY (R)

GENERAL DECLARATIONS

Risk ID. J27/

Named Insured and Mailing Address

ONE BRECKENRIDGE PLACE ASSOCIATION, INC.

P.O. BOX 3355 C/O KEITH KROEPLER BRECKENRIDGE CO 80424

Producer Name and Address

NEIL-GARING AGENCY, INC.

201 CENTENNIAL SUITE 400 GLENWOOD SPRINGS CO 81601

The Named Insured is a(n) ASSOCIATION

Business or Operations of the Named Insured: CONDOMINIUM ASSOCIATION

The insurance provided by this policy consists of the following coverage form(s). The premium may be subject to adjustment. In return for payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

PROPERTY COVERAGES
GENERAL LIABILITY COVERAGES - OCCURRENCE
AUTO INSURANCE COVERAGES

Policy Period (For above coverages)
INCEPTION DATE 05-01-12
EXPIRATION DATE 05-01-13

Beginning and Ending at 12:01 A.M., Standard Time at the address of the insured

If this policy includes the "Business Auto Coverage Form", and/or the "Motor Carrier Coverage Form" and/or the "Garage Coverage Form", each such form shall be construed independent of any other such form, and none of the terms or conditions contained in one such form shall be construed as being applicable to any other such form.

Premium is included in the premium summary below.

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NAMED INSURED

ONE BRECKENRIDGE PLACE ASSOC INC

PORTFOLIO POLICY (R)

PROPERTY-GARD (R) PROPERTY DECLARATIONS

INSURANCE IS PROVIDED ONLY FOR THOSE COVERAGES, ENDORSEMENTS AND LIMITS OF LIABILITY SHOWN BELOW.

BUSINESS REAL PROPERTY - SPECIAL CAUSES OF LOSS FORM

LOCATIONS AND LIMITS OF LIABILITY

LOC COINS LIMITS OF DEDUCTIBLE LOC COINS LIMITS OF DEDUCTIBLE

LIABILITY LIABILITY

001 100 \$15,200,000 \$5,000

REPLACEMENT COST

APPLIES AT LOCATIONS 001

OTHER PROPERTY COVERAGE

PROPERTY-GARD GREEN COVERAGE ENDORSEMENT - 143643DEC 06 10

Schedule

Green Upgrade Coverage
 Limit(s) of Insurance

Location(s) Blanket Limit of Insurance

001 \$15,200,000

Location(s) Sublimit(s) of Insurance

\$ _____

Green Certification Coverage
Limit(s) of Insurance

Location(s) Blanket Limit of Insurance

\$ _____

Location(s) Sublimit(s) of Insurance

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NAMED INSURED ONE BRECKENRIDGE PLACE ASSOC INC

PORTFOLIO POLICY (R)

| \$ |
|--------|
| \$ |

Extensions of Coverage

| Description of Coverage | Sublimit(s) of Insurance |
|---|---------------------------------------|
| Green Certification Upgrade Coverage | \$ 25,000 |
| Vegetated Roof and Heat Island Effect Coverage Any One Tree, Shrub, Plant or Lawn Wind or Hail Causes of Loss | \$ 25,000 \$ 5,000] Excluded] |
| Professional Design Consulting Coverage | \$ 25,000 |
| Commissioning Expense Coverage Commissioning or Retro-Commissioning Service Test and Balance Analysis | \$ 25,000 \$ 25,000 |
| Certification Fees Coverage | \$ 25,000 |
| Recycling Additional Expense Coverage | \$ 25,000 |
| Flush-Out Coverage | \$ 25,000 |
| Green Financial Incentive Coverage | \$ 25,000 |
| Porous Paving Coverage | \$ 25,000 |
| Green Mobile Equipment Coverage | \$ 25,000 |
| Miscellaneous Green Property Coverage | \$ 25,000 |

Additional Green Rating Authorities Enter the Name of the Business Entity (below)

1.

2.

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NAMED INSURED

ONE BRECKENRIDGE PLACE ASSOC INC

PORTFOLIO POLICY (R)

GENERAL LIABILITY DECLARATIONS

Insurance is provided only for those Coverages, Limits of Liability and Endorsements shown below.

| | Coverages | | | Limits | of Liabil | ity |
|---|---|-------|-----|----------|------------|-----|
| C | OMMERCIAL GENERAL LIABILITY COVERAGE PART | | | | | |
| | GENERAL AGGREGATE LIMIT (Other Than Prod Completed Operations) | ucts | - | Ś | 32,000,000 | |
| | PRODUCTS - COMPLETED OPERATIONS AGGREGAT | E LIN | TIN | Š | 32,000,000 | |
| | PERSONAL & ADVERTISING INJURY LIMIT | | | Š | 31,000,000 | |
| | EACH OCCURRENCE LIMIT | | | Ş | 31,000,000 | |
| | DAMAGE TO PREMISES RENTED TO YOU LIMIT | ANY | ONE | PREMISES | \$100,000 | |
| | MEDICAL EXPENSE LIMIT | ANY | ONE | PERSON | \$5,000 | |
| | | | | | | |

The audit period shall be ANNUAL

GENERAL LIABILITY ENDORSEMENT(S)

ADDITIONAL INSURED - CONDOMINIUM UNIT OWNERS (CG 20 04 11 85)

EMPLOYMENT - RELATED PRACTICES EXCLUSION (CG 21 47 12 07)

COMPLETE LEAD POISONING AND LEAD CONTAMINATION EXCLUSION (CG 70 92 12 92 S)

COMPLETE ASBESTOS EXCLUSION (CG 70 93 12 92R)

MULTICOVER - WITHOUT MEDICAL PAYMENTS (CG 71 93 12 07 S)

FUNGI OR BACTERIA EXCLUSION (CG 72 77 04 08)

RECORDING AND DISTRIBUTION OF MATERIAL OR INFORMATION IN VIOLATION OF LAW EXCLUSION (CG 00 68 05 09)