

FARMERS INSURANCE EXCHANGE

MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES  
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010

POLICY DECLARATIONS

CONDOMINIUM - PRIMARY

1. Named	THE RIDGE CREST HO ASSOC INC	EasyPay Acct. No.	Prod. Count
Insured	% HAMMERSMITH MANAGEMENT	07-33-393	04596-70-15
Mailing	5619 DTC PARKWAY #900	Agent No.	Policy Number
Address	GREENWOOD VILLAGE CO 80111		

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business CONDOMINIUM

2. Policy Period from 03/16/07 (not prior to time applied for) to 02/17/08 12:01 a.m. Standard Time  
If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** 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.

3. Insured location same as mailing address unless otherwise stated:  
001 6790 QUINCY AVE FIRESTONE CO 805043404

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

PROPERTY

COVERAGES AND LIMITS OF INSURANCE

COVERAGES	PREMISE NO. 001
BUILDINGS	\$1,000
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$25,000
	COV 3 \$10,000
SPECIFIED PROPERTY	\$40,000
ASSOCIATION FEE AND EXTRA EXPENSE	\$100,000
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$1,000

Farmer's Insurance  
Rich Schad (303) 681-0083  
P.O. Box 271087  
Louisville, CO 80027

ADDITIONAL COVERAGES

COVERAGE	All Premises
MASTER KEY	\$100/\$5,000



**COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence**

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$5,000
NEWLY ACQUIRED PROPERTY	\$250,000

**OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.**

COVERAGE	All Premises
OUTDOOR SIGNS	\$15,000
EMPLOYEE DISHONESTY	\$125,000
MONEY AND SECURITIES	\$5,000
OUTDOOR PROPERTY	\$2,500

**LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.**

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$2,000,000
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

**Mortgage Holders:**

Premises No.	Mortgage Holder Name, Address

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Authorized Representative)