



# INSURANCE BINDER

OP ID TW


DATE (MM/DD/YYYY)  
10/31/2008**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FOR**

AGENCY <b>Neil-Garing Agency, Inc.</b> PO Box 1576 Glenwood Springs CO 81602 <b>Steve DeRaddo</b> PHONE (A/C, No, Ext): <b>970-945-9111</b> FAX (A/C, No): <b>970-945-2350</b> CODE: <b>05015013</b> SUB CODE:		COMPANY <b>Fireman's Fund Insurance Co</b>	BINDER # <b>12915</b>																				
AGENCY CUSTOMER ID: <b>RVCEN-1</b> INSURED <b>River Centre Assoc., Inc</b> <b>Dan Siefers</b> <b>27 Main Street</b> <b>Edwards CO 81632</b>		<table border="1"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>EXPIRATION DATE</th> <th>TIME</th> </tr> <tr> <td></td> <td><b>11/01/08</b></td> <td><b>12:01</b></td> <td><b>12/01/08</b></td> <td><b>12:01 AM</b></td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/> AM</td> <td></td> <td><input checked="" type="checkbox"/> NOON</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> PM</td> <td></td> <td></td> </tr> </table>		DATE	EFFECTIVE	TIME	EXPIRATION DATE	TIME		<b>11/01/08</b>	<b>12:01</b>	<b>12/01/08</b>	<b>12:01 AM</b>			<input checked="" type="checkbox"/> AM		<input checked="" type="checkbox"/> NOON			<input type="checkbox"/> PM		
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		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>MZX80881428</b>																					
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>Location: 001 Building: 001</b> <b>Named Insureds: Inn at Riverwalk</b> <b>1st &amp; Main Condo Assoc</b> <b>River Centre Development</b>																					

**COVERAGES****LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	<b>Building</b> <b>Personal Property</b> <b>Business Income with Extra E</b> <b>Building Ordinance or Law</b>	<b>2500</b> <b>2500</b> <b>2500</b>	<b>100</b> <b>100</b>	<b>8,652,089</b> <b>3,149,291</b> <b>1,995,000</b> <b>8,652,089</b>
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Multicover</b>	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		<b>\$ 1,000,000</b> <b>\$ 1,000,000</b> <b>\$ 10,000</b> <b>\$ 1,000,000</b> <b>\$ 2,000,000</b> <b>\$ 2,000,000</b>
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> <b>FLEETCOVER</b>	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		<b>\$ 1,000,000</b> \$ \$ \$ <b>\$ 1,000</b> \$ <b>\$ 1,000,000</b> \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input checked="" type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

**NAME & ADDRESS**

<b>0001395</b> <b>Hans G. Storr</b>  <b>33 Brookridge Drive</b> <b>Greenwich CT 06830</b>	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

## **CONDITIONS**

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

### **Applicable in California**

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

### **Applicable in Colorado**

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

### **Applicable in Delaware**

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

### **Applicable in Florida**

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

### **Applicable in Nevada**

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

**NOTEPAD:**

INSURED'S NAME River Centre Assoc., Inc

RVCEN-1

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DATE 10/31/08

Commercial Property Section - Additional Subject of Insurance

COVERAGES/FORMS  
Building 0

DEDUCTIBLE

COINS %

AMOUNT  
1000000