

July 30, 2020

Prairie Village South c/o Foster
700 Ken Pratt Blvd #111
Longmont, Colorado 80501

Re: Prairie Village South


I am enclosing renewal umbrella insurance policy.

The annual premium for the 10 01 2020 term will be \$585.00 – the premium cost rose slightly from the current \$504.00 - you will shortly receive renewal billing statement from the company.

The umbrella \$1,000,000 policy is billed along with the master policy.

If you have any questions, please call my office at 303 661-0083.

Very truly yours,


Devon Schad and Rich Schad
dschad@farmersagent.com

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STATEMENT

TRUCK INSURANCE EXCHANGE

° PRAIRIE VILLAGE SOUTH

FOSTER MANAGEMENT
700 KEN PRATT BLVD. #111
LONGMONT CO 80501

JULY 30, 2020

Date

07-15-3V1

Agent's Number

60669-22-24

Policy Number

Renewal Statement - The Company will renew your policy for an additional 12 months term only if payment of the premium indicated is made on or before the renewal date of this notice.

Loan Number

This Statement Reflects:

Effective Date: 10/01/20

New Business Reinstatement Change Of Coverage Added Coverage

\$ Previous Balance Owing
\$ Premium
\$ Membership, Policy, Reinstatement, Reissue or Service Fees
\$ Pro Rata Premium Due
\$ **585.00** Premium For Renewing Entire Present Coverage From 10/01/20 To 10/01/21

\$
\$
\$
\$
\$
\$ **585.00** Total Charges

\$ Payments
\$ Other Credits _____
\$ _____ Total Credits

\$ **- NONE -** **BALANCE DUE UPON RECEIPT**

\$ _____ Optional Amount
\$ _____ Refund

**IMPORTANT- D-O N-O-T P-A-Y T-H-I-S N-O-T-I-C-E
PREMIUM WILL BE BILLED. ACCT # F008041870-001-00001.**



Truck Insurance Exchange (A Reciprocal Insurer)
 Member Of The Farmers Insurance Group Of Companies®
 Home Office: 6301 Owensmouth Ave., Woodland Hills, CA 91367

COMMERCIAL UMBRELLA POLICY DECLARATIONS

1. Named Insured PRAIRIE VILLAGE SOUTH

F008041870-001-00001

Account No.

Mailing Address FOSTER MANAGEMENT
 700 KEN PRATT BLVD. #111
 LONGMONT, CO 80501

07-15-3V1

Agent No.

60669-22-24

Policy Number

Form of Business Individual Joint Venture Limited Liability Co.
 Corporation Partnership Other Organization

Business Description:
 Habitational

2. Policy Period From 10-01-2020 (not prior to time applied for)
 To 10-01-2021 12:01 A.M. Standard time at your mailing address shown above.

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.

The attorney-in-fact (AIF) or management fee for your renewed policy will never exceed 20% of the policy's premiums and will be paid out of the premiums. You may wish to consider this information in deciding whether to accept or decline this offer to renew your policy.

In return for the payment of premium and subject to all the terms of this policy, we agree with you to provide insurance as stated in this policy.

3. Schedule Of Underlying Insurance See Schedule Of Underlying Insurance(s) Below

4. Limit Of Insurance \$1,000,000 Policy Aggregate Limit
 \$1,000,000 Each Occurrence Limit
 \$1,000,000 Personal And Advertising Injury Limit

Self-Insured Retention \$10,000

5. Advance Premium \$585 (See Additional Fee Information Below)

Adjustable At A Rate Of Per Of

Annual Minimum Premium

Your Agent Devon Schad
 Schad Agency Inc
 433 Summit Blvd #101
 Broomfield, CO 80021
 (303) 661-0083

Underlying Policy Coverage	Included Under Umbrella?
General Liability Occurrences & Aggregate	Included
Personal & Advertising Injury	Included
Products & Completed Operations Hazard	Included
Non-Owned Auto Liability	Included
Directors & Officers Coverage	Included

Schedule Of Underlying Insurance

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
General/Business Liability	Truck Insurance Exchange	60669-22-23	As Covered	General Aggregate	\$4,000,000
				Prods & Comp Ops Aggregate	\$2,000,000
				Pers & Adv Injury Limit	Included
				Each Occurrence	\$2,000,000
Commercial Automobile Liab	Not Covered				
Employer's Liability	Not Covered				

Schedule Of Underlying Insurance (continued)

Type	Insurance Company	Policy Number	Policy Period	Limits of Insurance	
Directors & Officers Liability	Truck Insurance Exchange	60669-22-23	As Covered	Each Claim	\$2,000,000
				Annual Aggregate	\$2,000,000