

000181

LIBERTY MUTUAL INSURANCE
PO BOX 188025
FAIRFIELD OH 45018-8025

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC
1092 Walnut Ave
Riverside IA 52327



400000001002800000010000181401





Policy Number: BKA 67690537	Prior Policy:
Coverage Is Provided In: American Fire and Casualty Company	
Billing Type: Direct Bill	
Named Insured and Mailing Address: WALNUT TOWERS CONDOMINIUM OWNERS ASSOCIATION LLC 1092 WALNUT AVE RIVERSIDE IA 52327	Agent: THE AHBE GROUP INC./TAG INS SERVICES 7167 S ALTON WAY CENTENNIAL CO 80112-2101 Agent Code: 050077 Agent Phone: (303) 799-8112

Policy Declarations, Forms and Endorsement

GG00000200280000002000181402





Policyholder Information

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC
1092 WALNUT AVE
RIVERSIDE, IA 52327

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS
SERVICES
7167 S ALTON WAY
CENTENNIAL, CO 80112-2101

Your
Commercial
Documents

Dear Policyholder:

We know you work hard to build your business. We work together with your agent, **THE AHBE GROUP INC./TAG INS** (303) 799-8112 to help protect the things you care about. Thank you for selecting us.

Enclosed are your insurance documents consisting of:

- Commercial Package

To find your specific coverages, limits of liability, and premium, please refer to your Declarations page(s).

If you have any questions or changes that may affect your insurance needs, please contact your Agent at (303) 799-8112



Reminders

- Verify that all information is correct
- If you have any changes, please contact your Agent at (303) 799-8112
- In case of a claim, call your Agent or 1-844-325-2467

THIS IS
NOT A
BILL

You Need To Know

• NOTICE(S) TO POLICYHOLDER(S)

The Important Notice(s) to Policyholder(s) provide a general explanation of changes in coverage to your policy. The Important Notice(s) to Policyholder(s) is not a part of your insurance policy and it does not alter policy provisions or conditions. Only the provisions of your policy determine the scope of your insurance protection. It is important that you read your policy carefully to determine your rights, duties and what is and is not covered.

To report a claim, call your Agent or 1-844-325-2467

DS 70 20 01 21

FORM NUMBER	TITLE
CNI 90 11 07 18	Reporting A Commercial Claim 24 Hours A Day
CNI 90 35 06 25	Important Notice to Policyholders Exclusion - Silica
CNL 90 09 10 22	Important Notice to Policyholder - Potential Changes to Your Policy Rating Basis
NP 72 42 02 20	Terrorism Insurance Premium Disclosure And Opportunity To Reject
NP 74 06 01 06	Flood Insurance Notice
NP 74 44 09 06	U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders
NP 75 78 03 10	Notice to Iowa Policyholders - Actual Cash Value
NP 89 69 09 21	Important Policyholder Information Concerning Billing Practices
NP 98 20 01 15	Jurisdictional Boiler And Pressure Vessel Inspections
SNI 04 01 06 24	Liberty Mutual Group Privacy Notice

- This policy will be direct billed. You may choose to combine any number of policies on one bill with your billing account. Please contact your agent for more information.

To report a claim, call your Agent or 1-844-325-2467

DS 70 20 01 21

REPORTING A COMMERCIAL CLAIM 24 HOURS A DAY

Liberty Mutual Insurance claims professionals across the United States are ready to resolve your claim quickly and fairly, so you and your team can focus on your business. Our claims teams are specialized, experienced and dedicated to a high standard of service.

We're Just a Call Away - One Phone Number to Report All Commercial Insurance Claims

Reporting a new claim has never been easier. A Liberty Mutual customer service representative is available to you 24/7 at 1(844)325-2467 for reporting new property, auto, liability and workers' compensation claims. With contact centers strategically located throughout the country for continuity and accessibility, we're there when we're needed!

Additional Resource for Workers' Compensation Customers

In many states, employers are required by law to use state-specific workers compensation claims forms and posting notices. This type of information can be found in the Policyholders Toolkit section of our website along with other helpful resources such as:

- Direct links to state workers compensation websites where you can find state-specific claim forms
- Assistance finding local medical providers
- First Fill pharmacy forms - part of our managed care pharmacy program committed to helping injured workers recover and return to work

Our Policyholder Toolkit can be accessed at www.libertymutualgroup.com/toolkit.

For all claims inquiries please call us at 1(844)325-2467.

IMPORTANT NOTICE TO POLICYHOLDERS EXCLUSION – SILICA

Thank you for insuring your business with Liberty Mutual. We appreciate the trust and confidence you have placed in us. We take our responsibility to our customers seriously, and part of that responsibility is keeping you informed at all times.

This notice contains a summary of changes that may apply to your renewal policy.

There may be additional state specific forms beyond the ones described in this notice. In those situations, the title of the state specific form on your policy will generally be comparable to the titles mentioned in this notice. Many of the changes described below would also apply to those state specific forms. However, you should refer to those state specific forms for state coverage details.

What you need to know

Your renewal policy includes an Exclusion – Silica endorsement.

- If your policy previously included a Silica or Silica-Related Dust Exclusion endorsement, your policy now includes an Exclusion – Silica endorsement. The Exclusion – Silica endorsement excludes any liability, damages, loss, injury, demand, claim or suit arising out of or allegedly caused by silica risks. This change may result in a reduction in coverage.
- If your previous policy did not include an Exclusion – Silica endorsement, this change may result in a reduction in coverage.

Reviewing your coverage

Please review your new form and keep it with your policy.

We're here to help

If you would like more information on this change or have any other questions about your policy, please contact the broker or agent shown on your Declarations Page.

The above summary is for information purposes only and does not provide coverage. Your new Declarations Page, in conjunction with your policy and other applicable endorsements, provides complete details of your coverages. If this summary conflicts with the applicable policy language, the policy language prevails. Carefully read your policy, including all endorsements.

IMPORTANT NOTICE TO POLICYHOLDER POTENTIAL CHANGES TO YOUR POLICY RATING BASIS

Dear Valued Policyholder,

Thank you for selecting us as your carrier for your commercial insurance. We appreciate your business and the trust you place in us for your insurance needs.

This notice explains potential changes to your policy rating basis.

If your policy rating basis includes sales or payroll, the exposure estimates used to calculate your premium may be adjusted on your renewal policy to reflect inflationary and market trends and will apply to future renewals. This may impact the premium we charge for your renewal (and other associated charges). If you have any exposure estimate changes or questions, please contact your agent.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

1092 WALNUT AVE
RIVERSIDE, IA 52327

03/02/2026

BAK (27) 67 69 05 37

From 05/01/2026 To 05/01/2027

(303) 799-8112
THE AHBE GROUP INC./TAG INS
SERVICES

7167 S ALTON WAY
CENTENNIAL, CO 80112-2101

TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from "certified acts of terrorism" exceed a specified deductible amount, the government will generally reimburse the insurer for a percentage of losses (the "Federal Share") paid in excess of the deductible, but only if aggregate industry losses from such acts exceed the "Program Trigger". An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be prorated, as determined by the Secretary of the Treasury.

Beginning in calendar year 2020, the Federal Share is 80% and the Program Trigger is \$200,000,000.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

Any act that is certified by the Secretary [of the Treasury], in consultation with the Secretary of Homeland Security, and the Attorney General of the United States

(i) to be an act of terrorism;

(ii) to be a violent act or an act that is dangerous to

(I) human life;

(II) property; or

(III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of

(I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is



paid and whose insurance coverage is subject to regulation in the United States); or
(II) the premises of a United States mission; and

- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO

We have included in your policy coverage for losses resulting from "certified acts of terrorism" as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. If we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO YOUR AGENT: **Please ensure any rejection is received within thirty (30) days of the effective date of your policy.**

Before making a decision to reject terrorism insurance, refer to the Disclaimer for Standard Fire Policy States located at the end of this Notice.

- ☐ I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from "certified acts of terrorism" and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed

Named Insured
WALNUT TOWERS CONDOMINIUM
OWNERS
ASSOCIATION LLC

Policy Number
BKA (27) 67 69 05 37

Policy Effective/Expiration Date
From 05/01/2026 To 05/01/2027

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO YOUR AGENT.

Note: Certain states (currently CA, GA, IA, IL, ME, MO, NY, NC, NJ, OR, RI, WA, WI and WV) mandate coverage for loss caused by fire following a "certified act of terrorism" in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.

If you have any questions regarding this notice, please contact your agent.



FLOOD INSURANCE NOTICE

Unless a Flood Coverage endorsement is attached, your policy does not provide flood coverage and you will **not** have coverage for property damage from floods unless you purchase a separate policy for flood insurance through the Federal Emergency Management Agency (FEMA) National Flood Insurance Program.

If you would like more information about obtaining coverage under the National Flood Insurance Program, please contact your agent.

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

Please refer any questions you may have to your insurance agent.

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Notice to Iowa Policyholders - Actual Cash Value

In the event of a covered loss, valuation provisions of your policy may provide for adjusting a loss using an Actual Cash Value valuation method. In determining the Actual Cash Value of damaged property we may take into consideration items including, but not limited to:

1. the market value of the property at the time of the loss;
2. the replacement cost of the property at the time of the loss less depreciation; or
3. any other relevant evidence or information to determine the Actual Cash Value of the property at the time of the loss.

This notice is only for informational purposes. This notice does not alter the coverages provided by your policy. Please contact your agent with any questions you may have regarding this subject.

IMPORTANT POLICYHOLDER INFORMATION CONCERNING BILLING PRACTICES

Dear Valued Policyholder: This insert provides you with important information about our policy billing practices that may affect you. Please review it carefully and contact your agent if you have any questions.

Premium Notice: We will mail you a policy Premium Notice separately. The Premium Notice will provide you with specifics regarding your agent, the account and policy billed, the billing company, payment plan, policy number, transaction dates, description of transactions, charges/credits, policy amount balance, minimum amount, and payment due date. This insert explains fees that may apply to and be shown on your Premium Notice.

Available Premium Payment Plans:

- **Annual Payment Plan:** When this plan applies, you have elected to pay the entire premium amount balance shown on your Premium Notice in full. No installment billing fee applies when the Annual Payment Plan applies.
- **Installment Payment Plan:** When this plan applies, you have elected to pay your policy premium in installments (e.g.: quarterly or monthly installments - Installment Payment Plans vary by state). As noted below, an installment fee may apply when the Installment Payment Plan applies.

The Premium Payment Plan that applies to your policy is shown on the top of your Premium Notice. Please contact your agent if you want to change your Payment Plan election.

Installment Payment Plan Fee: If you elected to pay your premiums in installments using the Installment Premium Payment Plan, an installment billing fee applies to each installment bill. The installment billing charge will not apply, however, if you pay the entire balance due when you receive the bill for the first installment. Because the amount of the installment charge varies from state to state, please consult your Premium Notice for the actual fee that applies.

Dishonored Payment Fee: Your financial institution may refuse to honor the premium payment withdrawal request you submit to us due to insufficient funds in your account or for some other reason. If that is the case, and your premium payment withdrawal request is returned to us dishonored, a payment return fee will apply. Because the amount of the return fee varies from state to state, please consult your Premium Notice for the actual fee that applies.

Late Payment Fee: If we do not receive the minimum amount due on or before the date or time the payment is due, as indicated on your Premium Notice, you will receive a policy cancellation notice effective at a future date that will also reflect a late payment fee charge. Issuance of the cancellation notice due to non-payment of a scheduled installment(s) may result in the billing and collection of all or part of any outstanding premiums due for the policy period. Late Payment Fees vary from state to state and are not applicable in some states.

Special Note: Please note that some states do not permit the charging of certain fees. Therefore, if your state does not allow the charging of an Installment Payment Plan, Dishonored Payment or Late Payment Fee, the disallowed fee will not be charged and will not be included on your Premium Notice.

EFT-Automatic Withdrawals Payment Option: When you select this option, you will not be sent Premium Notices and, in most cases, will be charged installment fees. For more information on our EFT-Automatic withdrawals payment option, refer to the attached EFTenrollment sheet.

Once again, please contact your agent if you have any questions about the above billing practice information.

Thank you for selecting us to service your insurance needs.

JURISDICTIONAL BOILER AND PRESSURE VESSEL INSPECTIONS

Most jurisdictions (cities or states) are governed by laws and regulations that require owners of boilers and pressure vessels to have their equipment inspected on a routine basis. Jurisdictions require that equipment is installed and operated according to these regulations, and it is the equipment breakdown engineering inspector's responsibility to verify the equipment complies with all requirements.

Liberty Mutual Equipment Breakdown is a National Board Accredited Authorized Inspection Agency. This designation is recognized by authorities having jurisdictions in the U.S. & provinces of Canada and gives Liberty Mutual commissioned inspectors the ability to perform jurisdictionally required inspection on boilers and pressure vessels at insured locations. We have field inspectors strategically located throughout the U.S. to perform boiler and pressure vessel inspection for our customers and clients.

To request a Jurisdictional Inspection please:

- Call the LMEB Hotline (877) 526-0020

Or

- Email your request to LMEBInspections@Libertymutual.com

The assigned EB Risk Engineer will call to schedule within 24 - 48 hours. When requesting an inspection please include the following:

- Current Policy Number
- Location Address
- Contact Name
- Contact Phone Number and/or Email Address

LIBERTY MUTUAL GROUP PRIVACY NOTICE
Commercial Lines (excluding Workers' Compensation)
(Effective June 2024)

Liberty Mutual Group and its affiliates, subsidiaries, and partners (collectively "Liberty Mutual" or "we", "us" and "our") provide insurance to companies and other insurers. This Privacy Notice explains how we gather, use, and share your data. This Privacy Notice applies to you if you are a **Liberty Mutual commercial line insured or are a commercial line claimant**. It does not apply to covered employees or claimants under Workers' Compensation policies. If this notice does not apply to you, go to libertymutual.com/privacy to review the applicable Liberty Mutual privacy notice.

What Data Does Liberty Mutual Gather?

The types of personal data we gather and share depend on both the product and your relationship to us. For example, we may gather different data if you are a claimant reporting an injury than if you want a quote for commercial property insurance. The data we gather can include your Social Security Number, income, transaction data such as account balances and payment history, and data from consumer reports. It may also include data gathered in connection with our provision of insurance services, when you apply for such services, or resulting from other contacts with you. It may also include:

- **Identifiers**, including a real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, account name, Social Security Number, driver's license number, or other similar identifiers;
- **Personal information**, such as your name, signature, Social Security Number, physical characteristics or description, address, telephone number, driver's license or state identification card number, insurance policy number, education, employment, employment history, bank account number, financial information, medical information, or health insurance information;
- **Protected classification characteristics**, including age, race, color, national origin, citizenship, religion or creed, marital status, medical condition, physical or mental disability, sex (including gender, gender identity, gender expression, pregnancy or childbirth and related medical conditions), sexual orientation, or veteran or military status;
- **Commercial information**, including records of personal property, products or services purchased, obtained, or considered, or other purchasing or consumer histories and tendencies;
- **Internet or other similar network activity**, including browsing history, search history, information on a consumer's interaction with a website, application, or advertisement;
- **Professional or employment related information**, including current or past job history or performance evaluations;
- **Inferences drawn from other personal information**, such as a profile reflecting a person's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes;
- **Risk data**, including data about your driving and/or accident history; this may include data from consumer reporting agencies, such as your motor vehicle records, and loss history information, health data, or criminal convictions;
- **Claims data**, including data about your previous and current claims, which may include data regarding your health, criminal convictions, third party reports, or other personal data; and
- **Sensitive Data** as defined under the California Privacy Rights Act when used to infer characteristics of an individual.

How Do You Gather My Data?

We gather your personal data directly from you . For example, you provide us with data when you:	We also gather your personal data from other people . For example:
● ask about or buy insurance, or file a claim	● your insurance agent or broker
● pay your policy	● your employer, association or business (if you are insured through them)

visit our websites, call us, or visit our office	our affiliates or other insurance companies about your transactions with them
	consumer reporting agencies, Motor Vehicle Departments, and inspection services, to gather your credit history, driving record, claims history, or value and condition of your property
	other public directories and sources
	third parties, including other insurers, brokers and insurance support organizations who you have communicated with about your policy or claim, anti-fraud databases, sanctions lists, court judgments and other databases, government agencies, open electoral register, or in the event of a claim, third parties including other parties to the claim witnesses, experts, loss adjusters and claim handlers
	other third parties who take out a policy with us and are required to provide your data such as when you are named as a beneficiary or where a family member has taken out a policy which requires your personal data

Organizations that share data with us may keep it and disclose it to others as permitted by law.

How Does Liberty Mutual Use My Data?

Liberty Mutual uses your data to provide you with our products and services, and as otherwise provided in this Privacy Notice. We may use your data and the data of our former customers for our business and other compatible purposes. Our business purposes include, for example:

<u>Business Purpose</u>	<u>Data Categories</u>	<u>Do We Sell or Share Your Data as Defined by CPRA?</u>
Market, sell and provide insurance. This includes, for example: - calculating your premium; - determining your eligibility for a quote; - confirming your identity and servicing your policy;	- Identifiers - Personal Information - Protected Classification Characteristics - Commercial Information - Internet or other similar network activity - Professional or employment related information - Inferences drawn from other personal information - Risk data - Claims data - Sensitive Data	No

<u>Business Purpose</u>	<u>Data Categories</u>	<u>Do We Sell or Share Your Data as Defined by CPRA?</u>
Customer service and technical support. This includes, for example: • answer questions and provide notifications; • provide customer and technical support.	• Identifiers • Personal Information • Commercial Information • Internet or other similar network activity • Professional or employment related information • Inferences drawn from other personal information • Risk data • Claims data	• No
Cross-Context Behavioral Advertising	• Identifiers • IP address • Internet or other similar network activity	• We share this information with service providers such as search engines and social media platforms.

Liberty Mutual will not collect additional categories of personal information or use the personal information we collected for materially unrelated, or incompatible purposes without updating our notice.

How Does Liberty Mutual Share My Data?

Liberty Mutual does not sell your personal data as defined by California law.

Liberty Mutual shares your personal data as disclosed above. The California privacy law defines sharing as "communicating orally, in writing, or by electronic or other means, a consumers personal information, to a third party for cross-context behavioral advertising, whether or not for monetary or other valuable consideration". This occurs when you visit the Liberty Mutual website. Cookies or pixels are deployed that then allow us to show you targeted advertisements when you visit other websites or social media platforms.

This type of sharing is different from disclosing personal information to other entities to perform a service related to providing insurance or processing your claim. Liberty Mutual may disclose personal data with the following categories of affiliated and non-affiliated third parties:

- Liberty Mutual affiliates;
- Service Providers (such as auto repair facilities, towing companies, property inspectors, and independent adjusters);
- Insurance support organizations;
- Brokers and agents;
- Public entities (e.g. regulatory, quasi-regulatory, tax or other authorities, law enforcement agencies, courts, arbitrational bodies, and fraud prevention agencies);
- Consumer reporting agencies;
- Professional advisors including law firms, accountants, auditors, and tax advisors;
- Insurers, re-insurers, policy holders, and claimants;
- Group policyholders (for reporting claims data or an audit);
- A person, organization, affiliates or service providers conducting actuarial or research studies; and
- As permitted by law.

We may also disclose data with other companies that provide marketing services on our behalf or as part of a joint marketing agreement for products offered by Liberty Mutual. We will not disclose your personal data with others for their own marketing purposes.

We may also disclose data about our transactions (such as payment history) and experiences (such as claims made) with you to our affiliates.

Liberty Mutual may disclose the following categories of personal data to service providers for business purposes:

Identifiers	Personal Data
Protected Classification Characteristics	Commercial Information
Internet or other similar network activity	Claims Data
Inferences drawn from personal data	Risk Data
Professional, employment, and education information	

How Do We Keep Your Personal Data Safe?

We maintain physical, electronic, and procedural safeguards to protect your non-public personal information. These safeguards comply with applicable laws. Our employees and agents are authorized to access your data only for legitimate business purposes.

How Long Does Liberty Mutual Retain Each Category of Personal Data?

We retain your information in accordance with our legal obligations, our records retention policies, or as otherwise permitted by law. For example, we may have a legal obligation to retain information relating to your policies or claims with us. We will delete your data once the legal obligation expires or after the period of time specified in our records retention policies. The period of retention is subject to our review and alteration.

Children's Privacy

We do not direct our services to individuals under the age of 13 and we request that these individuals do not provide personal data through our services.

What Rights Do I Have to Learn More About My Personal Data?

Individuals may request access to a copy of their personal information. We will honor requests for access after we have verified your identity. We will grant two requests per year after. A request may be made to us by contacting us as described below.

You may have additional rights if you are a resident of California. For information about our data practices in the last 12 months, including the types of personal data we have collected, from whom we gathered that data, and with whom we disclosed the data, please go to lmi.co/caprivacynotices and click on the link for the California Privacy Policy (Consumers). As a California resident, you also have the right to opt-out of cross-context behavioral advertising. You can learn more about those rights at lmi.co/caprivacychoices. To learn more about these and other privacy rights you may have as a California resident, please see the [California Privacy Policy \(Consumers\)](#). If you cannot access the link, please contact us.

Will Liberty Mutual Update This Privacy Notice?

We reserve the right to make changes to this notice at any time and for any reason. The updated version of this notice will be effective once it is posted online at <https://www.libertymutual.com/>. You are responsible for reviewing this notice to stay informed of any changes or updates.

Who Do I Contact Regarding Privacy?

You can submit requests, seek additional information, or obtain a copy of our Privacy Notice in an alternative format by either:

Calling: 800-344-0197
Email: privacy@libertymutual.com
Online: libertymutualgroup.com/privacy-policy/data-request
Postal Address: Liberty Mutual Insurance Company
175 Berkeley St. 6th Floor
Boston, MA 02116
Attn: Privacy Office



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC
1092 WALNUT AVE
RIVERSIDE, IA 52327

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS
SERVICES
7167 S ALTON WAY
CENTENNIAL, CO 80112-2101

Named Insured Is: LIMITED LIABILITY COMPANY

Named Insured Business Is: CONDO ASSOCIATION

In return for the 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.

SUMMARY OF COVERAGE PARTS AND CHARGES

This policy consists of this Common Policy Declarations page, Common Policy Conditions, Coverage Parts (which consist of coverage forms and other applicable forms and endorsements, if any, issued to form a part of them) and any other forms and endorsements issued to be part of this policy.

COVERAGE PART	CHARGES
Commercial Property	\$34,654.00
Commercial General Liability	\$4,168.00
Condominium Association Directors and Officers Liability	\$408.00

Total Charges for all of the above coverage parts: \$39,230.00
Certified Acts of Terrorism Coverage: \$191.00 (Included)

Note: This is not a bill

IMPORTANT MESSAGES

- This policy is auditable. Please refer to the conditions of the policy for details or contact your agent.
- Notice: The Employment-Related Practices Exclusion CG 21 47 is added to this policy to clarify there is no coverage for liability arising out of employment-related practices. Please read this endorsement carefully.

Issue Date 03/02/2026

Authorized Representative

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BJA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF LOCATION(S)

This policy provides coverage for the following under one or more coverage parts. Please refer to the individual Coverage Declarations Schedules, or, the individual Coverage Forms for locations or territory definition for that specific Coverage Part.

0001 1092 Walnut Ave, Riverside, IA 52327-9618

0002 1092 Walnut Ave Unit 2, Riverside, IA 52327-9618

0003 1092 Walnut Ave Unit 3, Riverside, IA 52327-9618

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 00 01 04 13	Commercial General Liability Coverage Form - Occurrence
CG 20 04 11 85	Additional Insured - Condominium Unit Owners
CG 21 06 12 23	Exclusion - Access Or Disclosure Of Confidential Or Personal Material Or Information
CG 21 47 12 07	Employment-Related Practices Exclusion
CG 21 67 12 04	Fungi or Bacteria Exclusion
CG 21 70 01 15	Cap on Losses from Certified Acts of Terrorism
CG 21 76 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
CG 21 88 01 15	Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
CG 24 26 04 13	Amendment of Insured Contract Definition
CG 26 48 06 08	Iowa Changes - Notification Requirement for Owners and Possessors of Dangerous Wild Animals
CG 40 35 12 23	Exclusion - Cyber Incident
CG 81 27 01 05	Condominium Association Directors and Officers Liability Coverage Form
CG 84 99 08 09	Non-Cumulation Liability Limits Same Occurrence
CG 88 10 04 13	Commercial General Liability Extension
CG 88 77 12 08	Medical Expense At Your Request Endorsement
CG 88 86 12 08	Exclusion - Asbestos Liability
CG 92 48 01 16	Sexual Misconduct or Abuse Exclusion

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
CG 92 86 08 17	Homeowners Association and Townhouse Association Amendatory Endorsement
CG 93 74 03 22	Exclusion - PFC/PFAS
CG 93 75 12 23	Cyber Suite Coverage Endorsement
CG 93 81 11 22	Exclusion - Biometric Information Privacy Claim
CG 94 33 05 24	Amendment Of Representations Condition
CG 94 59 06 25	Exclusion - Silica
CP 00 17 10 12	Condominium Association Coverage Form
CP 00 90 07 88	Commercial Property Conditions
CP 01 40 07 06	Exclusion of Loss Due to Virus or Bacteria
CP 03 21 10 12	Windstorm or Hail Percentage Deductible
CP 04 11 10 12	Protective Safeguards
CP 10 30 10 12	Causes of Loss - Special Form
CP 88 00 02 15	Property Extension Endorsement
CP 88 04 03 10	Removal Permit
CP 88 44 02 15	Equipment Breakdown Coverage Endorsement
CP 90 59 12 12	Identity Theft Administrative Services and Expense Coverage
CP 92 01 05 17	Property Anti-Stacking Endorsement
CP 92 12 12 20	Cyber Incident Exclusion
CP 92 21 09 23	Amendment Of Concealment, Misrepresentation Or Fraud Condition
IL 00 17 11 98	Common Policy Conditions
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
IL 00 22 05 87	Effective Time Changes - Replacement of 12 Noon
IL 02 76 09 08	Iowa Changes - Cancellation and Nonrenewal
IL 09 35 07 02	Exclusion of Certain Computer-Related Losses
IL 09 52 01 15	Cap On Losses From Certified Acts Of Terrorism

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BAK (27) 67.69 05.37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Common Policy Declarations

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS

POLICY FORMS AND ENDORSEMENTS

This section lists all the Forms and Endorsements for your policy. Refer to these documents as needed for detailed information concerning your coverage.

FORM NUMBER	TITLE
IL 09 96 01 07	Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
IL 88 15 07 12	Conditional Exclusion of Terrorism - Involving Nuclear, Biological or Chemical Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)
IL 88 36 01 15	Cap On Losses From Certified Acts Of Terrorism
IL 88 38 01 15	Exclusion of Punitive Damages Related to a Certified Act of Terrorism
IL 88 53 11 20	Actual Cash Value

In witness whereof, we have caused this policy to be signed by our authorized officers.

Damon Hart
Secretary

Hamid Mirza
President

To report a claim, call your Agent or 1-844-325-2467

DS 70 21 11 16



Coverage Is Provided In:
American Fire and Casualty Company

Commercial Property Policy Declarations

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF CHARGES

Explanation of Charges	DESCRIPTION	PREMIUM
	Property Schedule Totals	\$34,482.00
	Certified Acts of Terrorism Coverage	\$172.00

Total Advance Charges: \$34,654.00

Note: This is not a bill

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BAK (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial Property Declarations Schedule

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0001 1092 Walnut Ave, Riverside, IA 52327-9618

Property Characteristics

Description:

Construction: Frame

Building Coverage

Occupancy: Condominiums-Residential - (Association Risk Only) - Without Mercantile Occupancies - 10 to 30 Units

DESCRIPTION

Limit of Insurance - Replacement Cost 3,133,305

Coinurance 80%

Covered Causes of Loss

Special Form - Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated \$10,000

Deductible - Windstorm or Hail 1%

Premium \$10,277.00

Equipment Breakdown Coverage

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium \$315.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial Property Declarations Schedule

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0002 1092 Walnut Ave Unit 2, Riverside, IA 52327-9618

Property Characteristics

Description:

Construction: Frame

Building Coverage

Occupancy: Condominiums-Residential - (Association Risk Only) - Without Mercantile Occupancies - 10 to 30 Units

DESCRIPTION

Limit of Insurance - Replacement Cost 3,133,305

Coinurance 80%

Covered Causes of Loss

Special Form - Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated \$10,000

Deductible - Windstorm or Hail 1%

Premium \$10,277.00

Equipment Breakdown Coverage

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium \$315.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial Property Declarations Schedule

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF PROPERTY COVERAGES - BY LOCATION

Insurance at the described premises applies only for coverages for which a limit of insurance is shown. Optional coverages apply only when entries are made in this schedule.

0003 1092 Walnut Ave Unit 3, Riverside, IA 52327-9618

Property Characteristics

Description:

Construction: Frame

Building Coverage

Occupancy: Condominiums-Residential - (Association Risk Only) - Without Mercantile Occupancies - 10 to 30 Units

DESCRIPTION

Limit of Insurance - Replacement Cost 4,177,740

Coinurance 80%

Covered Causes of Loss

Special Form - Including Theft

Deductible - All Covered Causes of Loss Unless Otherwise Stated \$10,000

Deductible - Windstorm or Hail 1%

Premium \$12,867.00

Equipment Breakdown Coverage

This Equipment Breakdown insurance applies to the coverages shown for this location. The Equipment Breakdown limit(s) of insurance and deductible are included in, and not in addition to, the limits and deductible shown for the Building, Your Business Personal Property, Your Business Personal Property of Others, Tenants Improvements and Betterments, Business Income and Extra Expense, Business Income Without Extra Expense, and Extra Expense coverages.

Premium \$419.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
*12:01 am Standard Time
at Insured Mailing Location*

Commercial Property Declarations Schedule

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF OTHER PROPERTY COVERAGES

Identity Theft Administrative Services And Expense Coverage	DESCRIPTION		
	Limit of Insurance		See Endorsement CP9059
		Premium	\$12.00
Property Extension Endorsement	DESCRIPTION		
	Property Extension Endorsement		\$0.00
		Premium	Included
Commercial Property Schedule Total:			\$34,482.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations

Basis: Occurrence

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF LIMITS AND CHARGES

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises)	300,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	\$4,151.00
	Certified Acts of Terrorism Coverage	\$17.00

Total Advance Charges: \$4,168.00

Note: This is not a bill

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations Schedule

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF CLASSIFICATIONS - BY LOCATION

0001 1092 Walnut Ave, Riverside, IA 52327-9618

Insured: WALNUT TOWERS CONDOMINIUM OWNERS

CLASSIFICATION - 62003

Condominiums - Residential - (Association Risk Only)

Products-Completed Operations Are Subject To The General Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON	RATED/PER	
		EACH	PREMIUM
Premise/Operations	22 Number of Units	62.380	\$1,372.00
Total:			\$1,372.00

0002 1092 Walnut Ave Unit 2, Riverside, IA 52327-9618

Insured: WALNUT TOWERS CONDOMINIUM OWNERS

CLASSIFICATION - 62003

Condominiums - Residential - (Association Risk Only)

Products-Completed Operations Are Subject To The General Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON	RATED/PER	
		EACH	PREMIUM
Premise/Operations	22 Number of Units	62.380	\$1,372.00
Total:			\$1,372.00

0003 1092 Walnut Ave Unit 3, Riverside, IA 52327-9618

Insured: WALNUT TOWERS CONDOMINIUM OWNERS

CLASSIFICATION - 62003

Condominiums - Residential - (Association Risk Only)

Products-Completed Operations Are Subject To The General Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON	RATED/PER	
		EACH	PREMIUM
Premise/Operations	18 Number of Units	62.380	\$1,123.00
Total:			\$1,123.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 10 16



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations Schedule

Named Insured & Mailing Address

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

Agent Mailing Address & Phone No.

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF OTHER COVERAGE

Cyber Suite

DESCRIPTION

Annual Aggregate Limit	50,000
Deductible Per Occurrence	\$1,000

DATA COMPROMISE RESPONSE EXPENSES	Included
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DESCRIPTION

Sublimit Per Occurrence	
Public Relations	10,000
Reputational Harm	10,000

COMPUTER ATTACK	Included
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DESCRIPTION

Sublimit Per Occurrence	
Public Relations	10,000

SUBLIMITED COVERAGES PER OCCURRENCE

DESCRIPTION

Cyber Extortion	10,000
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REWARD PAYMENTS	Included
-----------------	----------

DESCRIPTION

Sublimit Per Policy Period	25,000
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PRIVACY INCIDENT LIABILITY	Included
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DESCRIPTION

Privacy Incident Defense	
Privacy Incident Liability	

NETWORK SECURITY LIABILITY	Included
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DESCRIPTION

Network Security Defense	
Network Security Liability	

ELECTRONIC MEDIA LIABILITY	Included
----------------------------	----------

DESCRIPTION

Electronic Media Defense	
Electronic Media Liability	

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 10 16

02/01/2026

BKA (27) 67 69 05 37

Page 01 of 40



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BAK (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Commercial General Liability Declarations Schedule

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF OTHER COVERAGE

	Premium	\$284.00
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Commercial General Liability Schedule Total

\$4,151.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 10 16



Coverage Is Provided In:
American Fire and Casualty Company

**Commercial General Liability
Declarations Schedule**

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
*12:01 am Standard Time
at Insured Mailing Location*

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF OTHER COVERAGE

COVERAGE DESCRIPTION

PREMIUM

See Policy Forms and Endorsements List

Commercial General Liability Schedule Total

\$4,151.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 23 10 16

02/01/2026

BKA (27) 67 69 05 37

Page 00 of 02



Coverage Is Provided In:
American Fire and Casualty Company

Policy Number:
BKA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Condominium Association Directors And Officers Liability Declarations

Basis: Occurrence

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF LIMITS AND CHARGES

Condominium Association Directors and Officers Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Wrongful Act	1,000,000
	Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Condominium Association Directors And Officers Liability	\$406.00
	Certified Acts of Terrorism Coverage	\$2.00

Total Advance Charges: \$408.00

Note: This is not a bill

SUMMARY OF LOCATIONS YOU OWN, RENT, OR OCCUPY

1092 Walnut Ave, Riverside, IA 52327-9618

1092 Walnut Ave Unit 2, Riverside, IA 52327-9618

1092 Walnut Ave Unit 3, Riverside, IA 52327-9618

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08

03/02/2026

BKA (27) 67 69 05 37

Page 04 of 40



Coverage Is Provided In:
American Fire and Casualty Company

Condominium Association Directors And Officers Liability Declarations Schedule

Policy Number:
BJA (27) 67 69 05 37
Policy Period:
From 05/01/2026 To 05/01/2027
12:01 am Standard Time
at Insured Mailing Location

Named Insured & Mailing Address

Agent Mailing Address & Phone No.

WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

(303) 799-8112
THE AHBE GROUP INC./TAG INS

SUMMARY OF CLASSIFICATIONS - BY LOCATION

1092 Walnut Ave, Riverside, IA 52327-9618

Insured: WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

CLASSIFICATION - 73145

Condominium Association Directors And Officers Liability Non-Profit

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED/EACH UNIT	PREMIUM
Errors and Omissions	22 Unit(s)	6.560	\$144.00

Total: \$144.00

1092 Walnut Ave Unit 2, Riverside, IA 52327-9618

Insured: WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

CLASSIFICATION - 73145

Condominium Association Directors And Officers Liability Non-Profit

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED/EACH UNIT	PREMIUM
Errors and Omissions	22 Unit(s)	6.560	\$144.00

Total: \$144.00

To report a claim, call your Agent or 1-844-325-2467

DS 70 22 01 08

1092 Walnut Ave Unit 3, Riverside, IA 52327-9618

Insured: WALNUT TOWERS CONDOMINIUM OWNERS
ASSOCIATION LLC

CLASSIFICATION - 73145
Condominium Association Directors And Officers Liability Non-Profit

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED/EACH	PREMIUM
		UNIT	
Errors and Omissions	18 Unit(s)	6.560	\$118.00
Total:			\$118.00
Condominium Association Directors Schedule Total			\$406.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – SILICA

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. The following exclusion is added to Paragraph 2. Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability and Paragraph 2. Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability:

Silica

This insurance does not apply to:

1. Any liability, damages, loss, or injury, arising out of, or allegedly caused in whole or in part by "silica risks".
2. Any demand, claim, or "suit" against any insured of which any part alleges liability, damages, loss, or injury, arising out of, or allegedly caused in whole or in part by "silica risks".
3. Any damages, loss, costs, or expenses arising out of any:
 - a. Request, demand, order, or statutory or regulatory requirement that any insured or others test for, monitor, abate, clean up, remove, contain, treat, detoxify, neutralize, remediate, dispose of, or in any way respond to, or assess the effects of "silica risks".
 - b. Claim or suit by or on behalf of any governmental authority or any other person, entity, or organization for damages because of testing for, monitoring, abating, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating, disposing of, or in any way responding to, or assessing the effects of "silica risks".

- B. The following definition is added to the **Definitions** section:

"Silica risks" means the inhalation of or exposure to silica at any time, in any form, alone or combined with any other substances or factors, whether included as a component part of a product or otherwise.

POLICY NUMBER:

COMMERCIAL PROPERTY
CP 04 11 10 12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY

SCHEDULE

Premises Number

Building Number

Protective Safeguards
Symbols Applicable

1092 Walnut Ave

P-1

Describe Any "P-9":

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following is added to the Commercial Property Conditions:

Protective Safeguards

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System, including related supervisory services.

Automatic Sprinkler System means:

- a. Any automatic fire protective or extinguishing system, including connected:

- (1) Sprinklers and discharge

nozzles;

- (2) Ducts, pipes, valves and fittings;
- (3) Tanks, their component parts and supports; and
- (4) Pumps and private fire protection mains.

- b. When supplied from an automatic fire protective system:

- (1) Non-automatic fire protective systems; and
- (2) Hydrants, standpipes and outlets.

"P-2" Automatic Fire Alarm, protecting the entire building, that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

"P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

"P-4" Service Contract with a privately owned fire department providing fire protection service to the described premises.

"P-5" Automatic Commercial Cooking Exhaust And Extinguishing System installed on cooking appliances and having the following components:

- a. Hood;
- b. Grease removal device;
- c. Duct system; and
- d. Wet chemical fire extinguishing equipment.

"P-9", the protective system described in the Schedule.

B. The following is added to the **Exclusions** section of:

Causes Of Loss - Basic Form
Causes Of Loss - Broad Form
Causes Of Loss - Special Form
Mortgageholders Errors And Omissions Coverage Form

Standard Property Policy

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust And Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

POLICY NUMBER:

COMMERCIAL PROPERTY
CP 04 11 10 12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY

SCHEDULE

Premises Number	Building Number	Protective Safeguards Symbols Applicable
1092 Walnut Ave Unit 3		P-1

Describe Any "P-9":

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. The following is added to the Commercial
Property Conditions:**

Protective Safeguards

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System,
including related supervisory services.

Automatic Sprinkler System means:

- a. Any automatic fire protective or extinguishing system, including connected:

(1) Sprinklers and discharge

nozzles;

- (2) Ducts, pipes, valves and fittings;
- (3) Tanks, their component parts and supports; and
- (4) Pumps and private fire protection mains.

- b. When supplied from an automatic fire protective system:

- (1) Non-automatic fire protective systems; and
- (2) Hydrants, standpipes and outlets.

"P-2" Automatic Fire Alarm, protecting the entire building, that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

"P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

"P-4" Service Contract with a privately owned fire department providing fire protection service to the described premises.

"P-5" Automatic Commercial Cooking Exhaust And Extinguishing System installed on cooking appliances and having the following components:

- a. Hood;
- b. Grease removal device;
- c. Duct system; and
- d. Wet chemical fire extinguishing equipment.

"P-9", the protective system described in the Schedule.

B. The following is added to the **Exclusions** section of:

Causes Of Loss - Basic Form
Causes Of Loss - Broad Form
Causes Of Loss - Special Form
Mortgageholders Errors And Omissions
Coverage Form

Standard Property Policy

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust And Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

POLICY NUMBER:

COMMERCIAL PROPERTY

CP 04 11 10 12

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART
STANDARD PROPERTY POLICY

SCHEDULE

Premises Number	Building Number	Protective Safeguards Symbols Applicable
1092 Walnut Ave Unit 2		P-1

Describe Any "P-9":

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. The following is added to the Commercial
Property Conditions:**

Protective Safeguards

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:

"P-1" Automatic Sprinkler System,
including related supervisory services.

Automatic Sprinkler System means:

- a. Any automatic fire protective or extinguishing system, including connected:

(1) Sprinklers and discharge

nozzles;

(2) Ducts, pipes, valves and fittings;

(3) Tanks, their component parts and supports; and

(4) Pumps and private fire protection mains.

- b. When supplied from an automatic fire protective system:

(1) Non-automatic fire protective systems; and

(2) Hydrants, standpipes and outlets.

"P-2" Automatic Fire Alarm, protecting the entire building, that is:

- a. Connected to a central station; or
- b. Reporting to a public or private fire alarm station.

"P-3" Security Service, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

"P-4" Service Contract with a privately owned fire department providing fire protection service to the described premises.

"P-5" Automatic Commercial Cooking Exhaust And Extinguishing System installed on cooking appliances and having the following components:

- a. Hood;
- b. Grease removal device;
- c. Duct system; and
- d. Wet chemical fire extinguishing equipment.

"P-9", the protective system described in the Schedule.

B. The following is added to the **Exclusions** section of:

Causes Of Loss - Basic Form
Causes Of Loss - Broad Form
Causes Of Loss - Special Form
Mortgageholders Errors And Omissions
Coverage Form

Standard Property Policy

We will not pay for loss or damage caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System or Automatic Commercial Cooking Exhaust And Extinguishing System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.