

SECURA Insurance Company COMMERCIAL PROTECTION POLICY Common Policy

DECLARATIONS

POLICY NO. 20-CP-003443433-5

ACCOUNT NUMBER: 5159826

NAMED INSURED AND MAILING ADDRESS

ARROWHEAD IMPROVEMENT ASSOCIATION INC

PO BOX 68

CIMARRON, CO 81220

AGENCY AND MAILING ADDRESS

050143

RED ROCKS INS LLC SUITE 232 2764 COMPASS DR

GRAND JUNCTION, CO 81506

(970) 725-7700

POLICY PERIOD: FROM 07/25/2025 TO 07/25/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Association

BUSINESS DESCRIPTION: Townhouse Associations (association risk only)

PROGRAM: Select Markets

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT			
			PREMIUM
COMMERCIAL PROPERTY		\$	5,436
COMMERCIAL GENERAL LIABILITY		\$	13,815
COMMERCIAL CRIME AND FIDELITY		\$	Not Covered
COMMERCIAL INLAND MARINE		\$	8,095
EMPLOYMENT PRACTICES LIABILITY		\$	366
CYBER SECURITY		\$	264
E	STIMATED POLICY PREMIUM	\$	27,976
	ESTIMATED POLICY TOTAL	\$	27,976.00

This is not a bill - Invoice to follow.

Total premium is payable in quarterly installments.

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COMMERCIAL PROTECTION POLICY Common Policy

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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COMMERCIAL PROTECTION POLICY Commercial Property Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

ACCOUNT NUMBER: 5159826

NAMED INSURED AND MAILING ADDRESS

ARROWHEAD IMPROVEMENT ASSOCIATION INC PO BOX 68

CIMARRON, CO 81220

AGENCY AND MAILING ADDRESS

050143

RED ROCKS INS LLC SUITE 232 2764 COMPASS DR

GRAND JUNCTION, CO 81506

(970) 725-7700

POLICY PERIOD: FROM 07/25/2025 TO 07/25/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LOCATION: 1 BUILDING: 1

DESCRIPTION OF PREMISES

ADDRESS: 20991 ALPINE PLATEAU RD, CIMARRON, CO 81220

BUILDING DESCRIPTION: STORAGE BUILDING PROTECTION CLASS: 9 CONSTRUCTION: FRAME

COVERAGES PROVIDED

Actual Cash Value

Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

COVERAGE	COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	LIMIT OF INSURANCE
Building	Special Including Theft	\$5,000	80%	\$250,000
Inflation Guard: 8%		View Form	ı	

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COMMERCIAL PROTECTION POLICY Commercial Property Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

LOCATION: 2 BUILDING: 1

DESCRIPTION OF PREMISES

ADDRESS: 2069 SPRUCE RD, CIMARRON, CO 81220

BUILDING DESCRIPTION: FIRE STATION

PROTECTION CLASS: 9 CONSTRUCTION: FRAME

COVERAGES PROVIDED

Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

COVERAGE	COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	LIMIT OF INSURANCE
Building	Special Including Theft	\$5,000	80%	\$985,000

View Form

Inflation Guard: 8% Replacement Cost

POLICY OPTIONAL COVERAGES	LIMIT	FORM
Equipment Breakdown Wrap	View Form	HSB 5000
Universal Wrap	View Form	CPT 9099
		CPT 9000

TERRORISM COVERAGE IS ACCEPTED ANNUAL CHARGE IS		\$ 38
PREMIUM		
COMMERCIAL PROPERTY PREMIUM		\$5,436

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COMMERCIAL PROTECTION POLICY Commercial Property Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL PROPERTY AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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COMMERCIAL PROTECTION POLICY Commercial General Liability Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

ACCOUNT NUMBER: 5159826

NAMED INSURED AND MAILING ADDRESS

ARROWHEAD IMPROVEMENT ASSOCIATION

INC

PO BOX 68

CIMARRON, CO 81220

AGENCY AND MAILING ADDRESS

050143

RED ROCKS INS LLC SUITE 232

2764 COMPASS DR

GRAND JUNCTION, CO 81506

(970) 725-7700

POLICY PERIOD: FROM 07/25/2025 TO 07/25/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS	OF INSURANCE	
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS – COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000	
PERSONAL INJURY & ADVERTISING INJURY LIMIT	\$1,000,000	
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	\$10,000	ANY ONE PERSON

	ALL PREMISES YOU OWN, RENT OR OCCUPY:		
LOC	ADDRESS		
1	20991 Alpine Plateau Rd, Cimarron, CO 81220		
2	2069 Spruce Rd, Cimarron, CO 81220		

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COMMERCIAL PROTECTION POLICY Commercial General Liability Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

STATE: co

	CLASSIFICATION						
			PREMIUM		PMS	PDTS	OTHER
LOC	CLASSIFICATION	CODE	BASIS	EXPOSURE	RATE	RATE	RATE
1	Lakes or Reservoirs	45524	Number of	3	726.066	Included	
	- existence hazard		Lakes or				
	only (Not-For-		Reservoirs				
	Profit)						
1	Streets, Roads,	48727	Number of	17	102.995	Included	
	Highways or Bridges		Miles				
	- existence and						
	maintenance hazard						
	only						
1	Townhouse	68500	Number of	834	11.529	Included	_
	Associations		Units				
	(association risk						
	only)						

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COMMERCIAL PROTECTION POLICY

Commercial General Liability Coverage PartDECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

POLICY OPTIONAL COVERAGES				
COVERAGE	LIMIT	FORM		
General Liability Wrap	View Form	CGT 1000		
Employment- Related	View Form	CG2147		
Practices Exclusion				
Amendment Of Insured	View Form	CG2426		
Contract Definition				
Exclusion - Designated	View Form	CG2153		
Ongoing Operations				
Exclusion Fungi or Bacteria	View Form	CG2167		
Communicable Disease	View Form	CG2132		
Exclusion				
Exclusion - Unmanned	View Form	CG2109		
Aircraft				
Cannabis Exclusion	View Form	CG4014		
Exclusion - Perfluoroalkyl	View Form	CG4032		
And Polyfluoroalkyl				
Substances (PFAS)				
Exclusion - Participants Of	View Form	ILE 4003		
Scheduled Contests,				
Exhibitions, Or Events				
Snowmobile And Recreational	View Form	SGE 0402		
Vehicle Liability				
Exclusion - Liquor Liability	View Form	SGE 2103		
Exclusion - Amusement	View Form	SGE 2106		
Devices				
Exclusion - Assault or	View Form	SGE 2104		
Battery				
Exclusion - Fireworks	View Form	SGE 2105		
Exclusion - Trampolines	View Form	SGE 2107		
Exclusion - Aggressive	View Form	SGE 2136		
Animals				
Excess Provision	View Form	SGE 2401		
Exclusion - Guard Dog Hazard		SGE 2102		
Exclusion - Specified Sports	View Form	SGE 2108		
and Stunts				

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COMMERCIAL PROTECTION POLICY **Commercial General Liability Coverage Part**

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

TERRORISM COVERAGE IS ACCEPTED

ANNUAL CHARGE IS \$

74

PREMIUM	
COMMERCIAL GENERAL LIABILITY ADVANCE PREMIUM	\$ 13,815

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE: See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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COMMERCIAL PROTECTION POLICY Commercial Inland Marine Coverage Part

DECLARATIONS

POLICY NO: 20-CP-003443433-5

ACCOUNT NUMBER: 5159826

NAMED INSURED AND MAILING ADDRESS

ARROWHEAD IMPROVEMENT ASSOCIATION INC

PO BOX 68

CIMARRON, CO 81220

AGENCY AND MAILING ADDRESS

050143

RED ROCKS INS LLC SUITE 232

2764 COMPASS DR

GRAND JUNCTION, CO 81506

(970) 725-7700

POLICY PERIOD: FROM 07/25/2025 TO 07/25/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

CONTRACTORS' EQUIPMENT

COVERAGE	LIMIT	FORM
Schedule of Coverages - Contractors Equipment	View Form	IM7005
Equipment Schedule - Contractors Equipment	View Form	IM7031
Equipment Borrowed From Others	View Form	IM7037
Property Loaned To Others - Jobsite Coverage	View Form	IM7023
Tools Endorsement	View Form	IM7034

TOTAL CONTRACTORS' EQUIPMENT COVERAGE PREMIUM	\$ 8,013
TOTAL CONTINACTORS EQUIFWENT COVERAGE FINEWHOW	υ 0,0±3

TERRORISM COVERAGE IS ACCEPTED

ANNUAL CHARGE IS \$

82

PREMIUM		
COMMERCIAL INLAND MARINE PREMIU	Л \$	8,095

FORMS AND ENDORSEMENTS

APPLYING TO COMMERCIAL INLAND MARINE COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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COMMERCIAL PROTECTION POLICY Commercial Inland Marine Coverage Part

DECLARATIONS

POLICY NO: 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

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PO Box 819 Appleton, WI 54912-0819 (920) 739-3161

SECURA Insurance Company

COMMERCIAL PROTECTION POLICY Employment Practices Liability Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

ACCOUNT NUMBER: 5159826

NAMED INSURED AND MAILING ADDRESS

ARROWHEAD IMPROVEMENT ASSOCIATION INC

PO BOX 68

CIMARRON, CO 81220

AGENCY AND MAILING ADDRESS

050143

RED ROCKS INS LLC

SUITE 232

2764 COMPASS DR

GRAND JUNCTION, CO 81506

(970) 725-7700

POLICY PERIOD: FROM 07/25/2025 TO 07/25/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

THE NAMED INSURED IS: Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

SMALL BUSINESS PROGRAM - EMPLOYMENT PRACTICES LIABILITY COVERAGE

LIMITS OF INSURANCE	
Employment Practices Liability Each Claim Limit	\$ 100,000
Employment Practices Liability Aggregate Limit	\$ 100,000
Deductible – Each Claim	\$ 5,000
Retroactive Date: 07/25/2025	

THE EMPLOYMENT PRACTICES LIABILITY COVERAGE IS A CLAIMS-MADE AND REPORTED COVERAGE. DEFENSE COSTS APPLY AGAINST THE LIMITS OF INSURANCE AND ARE SUBJECT TO THE DEDUCTIBLE.

TERRORISM COVERAGE IS EXCLUDED.

PREMIUM	
EMPLOYMENT PRACTICES LIABILITY PREMIUM	\$ 366

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COMMERCIAL PROTECTION POLICY Employment Practices Liability Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENCY: RED ROCKS INS LLC

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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COMMERCIAL PROTECTION POLICY **Cyber Security Coverage Part DECLARATIONS**

POLICY NO. 20-CP-003443433-5	

ACCOUNT NUMBER: 5159826 NAMED INSURED AND MAILING ADDRESS

ARROWHEAD IMPROVEMENT ASSOCIATION INC PO BOX 68

CIMARRON, CO 81220

AGENCY AND MAILING ADDRESS

050143

RED ROCKS INS LLC SUITE 232 2764 COMPASS DR

GRAND JUNCTION, CO 81506

(970) 725-7700

POLICY PERIOD: FROM 07/25/2025 TO 07/25/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Association

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

CYBER SECURITY COVERAGE PART - Cyber Suite

LIMITS OF INSURANCE			
First Party Annual Aggregate Limit	\$	50,000	
Third Party Annual Aggregate Limit	\$	50,000	
Cyber Security Deductible – Per Occurrence	\$	1,000	
	OVERAGE DEEENIG	E COOTO ADDLV ACAINOT THE	

THIS INSURANCE PROVIDES SOME CLAIMS-MADE COVERAGE. DEFENSE COSTS APPLY AGAINST THE LIMITS OF INSURANCE AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THE ENTIRE FORM CAREFULLY.

FIRST PARTY COVERAGES				
DATA COMPROMISE RESPONSE EXPENSES		Included		
Sublimits Per Occurrence				
Public Relations	\$	10,000		
Reputational Harm	\$	10,000		
COMPUTER ATTACK		Included		
Sublimit Per Occurrence				
Public Relations	\$	10,000		
CYBER EXTORTION		Included		
Sublimit Per Occurrence	\$	10,000		
MISDIRECTED PAYMENT FRAUD		Included		
Sublimit Per Occurrence	\$	10,000		

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COMMERCIAL PROTECTION POLICY Cyber Security Coverage Part

DECLARATIONS

POLICY NO. 20-CP-003443433-5

INSURED: ARROWHEAD IMPROVEMENT ASSOCIATION

INC

EFFECTIVE DATE: 07/25/2025 AGENT: RED ROCKS INS LLC

COMPUTER FRAUD	Included	
Sublimit Per Occurrence	\$ 10,000	
TELECOMMUNICATIONS FRAUD	Included	
Sublimit Per Occurrence	\$ 10,000	
REWARD PAYMENTS	Included	
Sublimit Per Policy	\$ 25,000	

THIRD PARTY COVERAGES		
PRIVACY INCIDENT LIABILITY	Included	
NETWORK SECURITY LIABILITY	Included	
ELECTRONIC MEDIA LIABILITY	Included	

IDENTITY RECOVERY COVERAGES				
Annual Aggregate Limit – Per "Identity Recovery Insured"	\$	25,000		
Deductible Per Occurrence – NONE				
Sublimits Per Occurrence				
Lost Wages and Child and Elder Care Expenses	\$	5,000		
Mental Health Counseling	\$	1,000		
Miscellaneous Unnamed Costs	\$	1,000		

TERRORISM COVERAGE IS ACCEPTED.

ANNUAL CHARGE IS INCLUDED

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PREMIUM		
CYBER SECURITY COVERAGE PART PREMIUM	\$	264

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

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COMMERCIAL LINES INSURANCE PROVISIONS

This information page with "Policy Provisions" completes the below numbered

Company: SECURA Insurance Company

Policy Number: 20-CP-003443433-5 Account Number: 5159826

Named Insured and Mailing Address Producer and Mailing Address

ARROWHEAD IMPROVEMENT ASSOCIATION RED ROCKS INS LLC INC SUITE 232

PO BOX 68 2764 COMPASS DR

CIMARRON, CO 81220 GRAND JUNCTION, CO 81506

OFFICER SIGNATURE PAGE

In Witness Whereof, we have caused this policy to be executed and attested. If required by statute, it is countersigned by our authorized representative.

Λ

Dail P. Deni	South Wicinsky
Secretary	President and CEO