

Company Providing Coverage: Westfield Champion Insurance Company		
Named Insured and Mailing Address:	Agency: 050145	
Castellina Condominiums Owners Association Inc PO Box 3071 C / O Jarmik Property Management Telluride, CO 81435-3071	Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200	
Policy Number: 195150C	Billing Account No: 6000015702	Payment Plan: Monthly (Paper Invoices)
Policy Period: From 12/12/2023 To 12/12/2024	At 12:01 A.M. standard time at your mailing address shown above	
Business Of Named Insured: Apartment House	Entity Of Named Insured: Association, Labor Union, Religious Organization	

Coverage and Premium Summary

Commercial Property Coverage Part	\$24,734.00
Commercial General Liability Coverage Part	\$326.00
Inland Marine Coverage Part	Included
Inland Marine AAIS Coverage Part	Included
Crime And Fidelity Coverage Part	\$8.00
Policy Annual Premium	\$25,068.00
Colorado Hazard Mitigation Fee	\$2.00
Total Advance Annual Policy Premium	\$25,070.00

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. For more detail, please refer to the individual coverage parts inside your policy.

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73

PLEASE REFER TO IL7097 FOR A DETAILED SUMMARY OF TAXES AND SURCHARGES BY STATE.



Westfield
 One Park Circle, P.O. Box 5001
 Westfield Center, OH 44251
 800-243-0210
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**Amended
 Common Policy Declarations**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured And Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association Inc
 PO Box 3071, C / O Jarmik Property
 Management
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 17 N MESA AVE,
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Policy Period: From 12/12/2023 To 12/12/2024

At 12:01 A.M. standard time at your mailing address
 shown above

Effective 12/12/2023, this Common Policy Declarations amends all prior Common Policy declarations and endorsements as shown below.

THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

Net Premium

\$0.00

** This Endorsement changes your policy. Please attach it to your original policy**





Westfield
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Endorsement Summary

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured And Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association Inc
 PO Box 3071, C / O Jarmik Property
 Management
 Telluride, CO 81435-3071

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Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From 12/12/2023 To 12/12/2024

At 12:01 A.M. standard time at your mailing address
 shown above

THE COVERAGE PARTS BELOW HAVE BEEN ENDORSED AS FOLLOWS:

Effective Date

12/12/2023
 12/12/2023

Not otherwise classified
 Not otherwise classified

Description

Correct BCEG Factor (ID#896)
 Correct ILF and Prop/GL Sector
 Factors (ID 811/820)

**** This Endorsement changes your policy. Please attach it to your original policy****



Westfield
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**Commercial Property Declarations
 Amended**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association Inc
 PO Box 3071, C / O Jarmik Property Management
 Telluride, CO 81435-3071

Insurance of the San Juans
 17 N MESA AVE
 MONTROSE, CO 81401-3902
 Telephone: 970-728-2200

Policy Number: 195150C

Billing Account No: 6000015702

Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From: 12/12/2023 To: 12/12/2024

At 12:01 A.M. standard time at your mailing address shown above.

Coverage Provided - Insurance applies at locations shown on the Schedule of Insured Locations and to which a limit of Insurance is shown in these Declarations or specified in an endorsement attached to this Coverage Part.

Coverage and Premium Schedule

Loc.	Bldg.	Coverage	Co Ins.	Ded.	Cause of Loss	Limit Of Insurance	Premium	
1	1	117 Vischer Dr Bldg 1, Telluride, CO 81435-9538						
		Building	90%	\$5,000	Special - Incl Theft	\$15,600,000	\$20,231	
		Replacement Cost						
		Agreed Value Expires		12/12/2024				
		4% Inflation Guard						
		BI & Extra Expense						
		- Business Income			Special - Incl Theft	ALS	\$74	
		Including Rental Value						
2	1	117 Vischer Dr Bldg 2, Telluride, CO 81435-9538						
		Building	80%	\$5,000	Special - Incl Theft	\$663,451	\$1,709	
		Replacement Cost						
		Agreed Value Expires		12/12/2024				
		4% Inflation Guard						
		BI & Extra Expense						
		- Business Income			Special - Incl Theft	ALS	\$74	
		Including Rental Value						





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**Commercial Property Declarations
 Amended**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association Inc
 PO Box 3071, C / O Jarmik Property Management
 Telluride, CO 81435-3071

Insurance of the San Juans
 17 N MESA AVE
 MONTROSE, CO 81401-3902
 Telephone: 970-728-2200

Policy Number: 195150C

Billing Account No: 6000015702

Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From: 12/12/2023 To: 12/12/2024

At 12:01 A.M. standard time at your mailing address
 shown above.

Total Commercial Property Premium	\$21,237
Total Additional Coverages and Endorsements Premium	\$3,232
Total Terrorism Premium	\$265
Total Advance Annual Commercial Property Premium	\$24,734

Forms and Endorsements Applicable to This Coverage Part:
 Refer to Schedule of Forms and Endorsements - IL DS 73

Schedule of Additional Coverages and Endorsements

Form Number/Endorsement	Premium
CPDS75 - Commercial Property Coverage Part Equipment Breakdown Coverage Schedule	Included
CP0401 - Brands And Labels	Included
CP0407 - Pollutant Clean Up And Removal Additional Aggregate Limit Of Insurance	Included
CP0415 - Debris Removal Additional Insurance	Included
CP0417 - Utility Services - Direct Damage	Included



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**Commercial Property Declarations
 Amended**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association Inc
 PO Box 3071, C / O Jarmik Property Management
 Telluride, CO 81435-3071

Insurance of the San Juans
 17 N MESA AVE
 MONTROSE, CO 81401-3902
 Telephone: 970-728-2200

Policy Number: 195150C

Billing Account No: 6000015702

Payment Plan: Monthly
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Policy Period: From: 12/12/2023 To: 12/12/2024

At 12:01 A.M. standard time at your mailing address
 shown above.

CP1038 - Discharge From Sewer, Drain or Sump (Not Flood-Related)	Included
CP1230 - Peak Season Limit Of Insurance	Included
CP1430 - Outdoor Trees, Shrubs And Plants	Included
CP1440 - Outdoor Signs	Included
CP1402 - Unscheduled Building Property Tenant's Policy	Included
CP1509 - Business Income From Dependent Properties - Limited Form	Included
CP1545 - Utility Services - Time Element	Included
CP7070 - Business Income-Actual Loss Sustained Endorsement	Included
CP0405 - Ordinance Or Law Coverage	\$851
CP7195 - Equipment Breakdown Coverage	\$1,753
CP7181 - Commercial Property Expanded Coverage	\$628
Total Additional Coverages and Endorsements Coverage Premium:	\$3,232





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**Commercial Inland Marine
 Declarations
 Amended**

Company Providing Coverage: Westfield Champion Insurance Company		
Named Insured And Mailing Address:		Agency: 050145
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071		Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200
Policy Number: 195150C	Billing Account Number: 6000015702	Payment Plan: Monthly (Paper Invoices)
Policy Period: From 12/12/2023 To 12/12/2024	At 12:01 A.M. standard time at your mailing address shown above	

Coverage and Premium Schedule

Coverages	Premium
Accounts Receivable Coverage Form	Included
Valuable Papers & Records Coverage Form	Included
Computer Coverage	Included
Fine Arts Coverage-Fine Arts Floater	Included
Total Additional Interests Premium:	
Total Terrorism Premium:	Included
Total Advance Annual Commercial Inland Marine Premium:	Included

Forms and Endorsements Applicable to This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



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**Commercial Inland Marine
 Accounts Receivable Coverage
 Declarations
 Amended**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association
 Inc
 PO Box 3071, C / O Jarmik Property
 Management
 Telluride, CO 81435-3071

Insurance of the San Juans
 17 N MESA AVE
 MONTROSE, CO 81401-3902
 Telephone: 970-728-2200

Policy Number: 195150C

Billing Account No: 6000015702

Payment Plan: Monthly
 (Paper Invoices)

Policy Period: From: 12/12/2023 To: 12/12/2024

At 12:01 A.M. standard time at your mailing address
 shown above

Accounts Receivable Coverage

SCHEDULE OF LOCATIONS

Loc. No.	Address
1	117 Vischer Dr Bldg 1, Telluride, CO 81435-9538
2	117 Vischer Dr Bldg 2, Telluride, CO 81435-9538

COVERED PROPERTY AND LIMITS OF INSURANCE

A.	Coverage Applicable At Your Premises	Limit of Insurance
	Loc No. 1	\$150,000
	Loc No. 2	\$150,000
B.	Coverage Applicable Away From Your Premises	

DESCRIPTION OF RECEPTACLES

Loc. No.	Class:	Label:	Issuer:	Manufacturer:
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COINSURANCE

The Coinsurance percentage is 80% unless otherwise stated:



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**Commercial Inland Marine
 Accounts Receivable Coverage
 Declarations
 Amended**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association
 Inc
 PO Box 3071, C / O Jarmik Property
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 Telluride, CO 81435-3071

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RATES AND PREMIUM

A. Non-reporting Rate

Premium Included

B. Reporting

1. Deposit Premium
2. Minimum Annual Premium
3. Reporting Period
4. Premium Adjustment Period
5. Rates

\$0

Total Advance Annual Accounts Receivable Premium Included

DUPLICATE RECORDS:

If this endorsement is attached, the following applies:

Percentage Duplicated:

0%

Forms and Endorsements Applicable To This Coverage Part:

Refer to Schedule of Forms and Endorsements - IL DS 73



WESTFIELD

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One Park Circle, P. O. Box 5001
Westfield Center, OH 44251
800-243-0210
www.westfieldgrp.com

**Commercial Inland Marine
Valuable Papers and Records
Declarations
Amended**

Company Providing Coverage: Westfield Champion Insurance Company

Named Insured and Mailing Address:

Agency: 050145

Castellina Condominiums Owners Association Inc
PO Box 3071,C / O Jarmik Property Management
Telluride, CO, 81435-3071

Insurance of the San Juans
17 N MESA AVE
MONTROSE CO 81401-3902

Policy Number: 195150C

Billing Account No: 6000015702

**Payment Plan: Monthly (Paper
Invoices)**

Policy Period: From: 12/12/2023 To: 12/12/2024

At 12:01 A.M. standard time at your mailing address
shown above

Valuable Papers and Records Declarations Coverage

Effective Date: 12/12/2023

Premium For This Coverage Form: Included

Rate:

Limit of Insurance

A. PROPERTY AT YOUR PREMISES

Address

117 Vischer Dr Bldg 1, Telluride, CO 81435-9538

a. Specifically Described Property

b. All other Covered Property

**\$150,000 Included with
Expanded**

117 Vischer Dr Bldg 2, Telluride, CO 81435-9538

a. Specifically Described Property

b. All other Covered Property

**\$150,000 Included with
Expanded**

B. PROPERTY AWAY FROM YOUR PREMISES

DEDUCTIBLE

The Deductible amount is \$500 unless otherwise stated.

DESCRIPTION OF RECEPTACLES

Address

Manufacturer

Class

Label

Issuer

Special Provisions (if any):



Westfield
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**Schedule of Forms and
 Endorsements
 Amended**

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Named Insured and Mailing Address:		Agency: 050145	
Castellina Condominiums Owners Association Inc PO Box 3071, C / O Jarmik Property Management Telluride, CO 81435-3071		Insurance of the San Juans 17 N MESA AVE MONTROSE, CO 81401-3902 Telephone: 970-728-2200	
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SCHEDULE OF FORMS AND ENDORSEMENTS

The following forms have been added or amended:

FORMS THAT APPLY TO MULTIPLE COVERAGE PARTS

NUMBER	EDITION DATE	TITLE
ILDS01	0518	COMMERCIAL PACKAGE POLICY COMMON POLICY DECLARATIONS
ILDS71	0518	AMENDED COMMON POLICY DECLARATIONS
ILDS72	0518	ENDORSEMENT SUMMARY
CL0700	1006	VIRUS OR BACTERIA EXCLUSION

FORMS THAT APPLY TO COMMERCIAL PROPERTY

NUMBER	EDITION DATE	TITLE
CPDS73	0518	COMMERCIAL PROPERTY DECLARATIONS

FORMS THAT APPLY TO COMMERCIAL GENERAL LIABILITY

NUMBER	EDITION DATE	TITLE
CG2144	0417	LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

FORMS THAT APPLY TO INLAND MARINE

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS
CMDS73	0518	COMMERCIAL INLAND MARINE ACCOUNTS RECEIVABLE COVERAGE DECLARATIONS
CMDS86	0518	COMMERCIAL INLAND MARINE VALUABLE PAPERS AND RECORDS DECLARATIONS
CM9007	0720	CANNABIS EXCLUSION WITH HEMP EXCEPTION

FORMS THAT APPLY TO INLAND MARINE AAIS





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**Schedule of Forms and
 Endorsements
 Amended**

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Named Insured and Mailing Address:

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At 12:01 A.M. standard time at your mailing
 address shown above

NUMBER	EDITION DATE	TITLE
IMDS70	0518	INLAND MARINE -- DECLARATIONS

FORMS THAT APPLY TO CRIME

NUMBER	EDITION DATE	TITLE
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VIRUS OR BACTERIA EXCLUSION

DEFINITIONS

Definitions Amended --

When "fungus" is a defined "term", the definition of "fungus" is amended to delete reference to a bacterium.

When "fungus or related perils" is a defined "term", the definition of "fungus or related perils" is amended to delete reference to a bacterium.

PERILS EXCLUDED

The additional exclusion set forth below applies to all coverages, coverage extensions, supplemental coverages, optional coverages, and endorsements that are provided by the policy to which this endorsement is attached, including, but not limited to, those that provide coverage for property, earnings, extra expense, or interruption by civil authority.

1. The following exclusion is added under Perils Excluded, item 1.:

Virus or Bacteria --

"We" do not pay for loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

This exclusion applies to, but is not limited to, any loss, cost, or expense as a result of:

- a. any contamination by any virus, bacterium, or other microorganism; or
 - b. any denial of access to property because of any virus, bacterium, or other microorganism.
2. Superseded Exclusions -- The Virus or Bacteria exclusion set forth by this endorsement supersedes the "terms" of any other exclusions referring to "pollutants" or to contamination with respect to any loss, cost, or expense caused by, resulting from, or relating to any virus, bacterium, or other microorganism that causes disease, illness, or physical distress or that is capable of causing disease, illness, or physical distress.

OTHER CONDITIONS

Other Terms Remain in Effect --

The "terms" of this endorsement, whether or not applicable to any loss, cost, or expense, cannot be construed to provide coverage for a loss, cost, or expense that would otherwise be excluded under the policy to which this endorsement is attached.

CL 0700 10 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES, PROJECT OR OPERATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Premises:	
Project Or Operation:	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. If this endorsement is attached to Commercial General Liability Coverage Form CG 00 01, the provisions under this Paragraph A. apply:

1. Paragraph 1.b. under Section I – Coverage A – Bodily Injury And Property Damage Liability is replaced by the following:

b. This insurance applies to "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

- (1) The "bodily injury" or "property damage":
 - (a) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
 - (b) Arises out of the project or operation shown in the Schedule;
- (2) The "bodily injury" or "property damage" occurs during the policy period; and

(3) Prior to the policy period, no insured listed under Paragraph 1. of Section II – Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

2. Paragraph 1.b. under Section I – Coverage B – Personal And Advertising Injury Liability is replaced by the following:

- b. This insurance applies to "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:
 - (1) The offense arises out of your business:
 - (a) Performed on the premises shown in the Schedule; or

- (b) In connection with the project or operation shown in the Schedule; and
- (2) The offense was committed during the policy period.

However, with respect to Paragraph 1.b.(1)(a) of this Insuring Agreement, if the "personal and advertising injury" is caused by:

- (1) False arrest, detention or imprisonment; or
- (2) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

- 3. Paragraph 1.a. under Section I – Coverage C – Medical Payments is replaced by the following:

a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":

- (1) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
- (2) Arises out of the project or operation shown in the Schedule;

provided that:

- (a) The accident takes place during the policy period;
- (b) The expenses are incurred and reported to us within one year of the date of the accident; and
- (c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

- B. If this endorsement is attached to Commercial General Liability Coverage Form CG 00 02, the provisions under this Paragraph B. apply:

1. Paragraph 1.b. under Section I – Coverage A – Bodily Injury And Property Damage Liability is replaced by the following:

b. This insurance applies to "bodily injury" and "property damage" caused by an "occurrence" that takes place in the "coverage territory" only if:

- (1) The "bodily injury" or "property damage":
 - (a) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
 - (b) Arises out of the project or operation shown in the Schedule;
- (2) The "bodily injury" or "property damage" did not occur before the Retroactive Date, if any, shown in the Declarations or after the end of the policy period; and
- (3) A claim for damages because of the "bodily injury" or "property damage" is first made against any insured, in accordance with Paragraph 1.c. of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Section V – Extended Reporting Periods.

2. Paragraph 1.b. under Section I – Coverage B – Personal And Advertising Injury Liability is replaced by the following:

b. This insurance applies to "personal and advertising injury" caused by an offense committed in the "coverage territory" but only if:

- (1) The offense arises out of your business:
 - (a) Performed on the premises shown in the Schedule; or
 - (b) In connection with the project or operation shown in the Schedule;
- (2) The offense was not committed before the Retroactive Date, if any, shown in the Declarations or after the end of the policy period; and



- (3) A claim for damages because of the "personal and advertising injury" is first made against any insured, in accordance with Paragraph 1.c. of this Insuring Agreement, during the policy period or any Extended Reporting Period we provide under Section V – Extended Reporting Periods.

However, with respect to Paragraph 1.b.(1)(a) of this Insuring Agreement, if the "personal and advertising injury" is caused by:

- (1) False arrest, detention or imprisonment; or
- (2) The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;

then such offense must arise out of your business performed on the premises shown in the Schedule and the offense must have been committed on the premises shown in the Schedule or the grounds and structures appurtenant to those premises.

3. Paragraph 1.a. under Section I – Coverage C – Medical Payments is replaced by the following:

a. We will pay medical expenses as described below for "bodily injury" caused by an accident that takes place in the "coverage territory" if the "bodily injury":

- (1) Occurs on the premises shown in the Schedule or the grounds and structures appurtenant to those premises; or
- (2) Arises out of the project or operation shown in the Schedule;

provided that:

- (a) The accident takes place during the policy period;
- (b) The expenses are incurred and reported to us within one year of the date of the accident; and
- (c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANNABIS EXCLUSION WITH HEMP EXCEPTION

This endorsement modifies insurance provided under the following:

COMMERCIAL INLAND MARINE

PROPERTY NOT COVERED

- 1. "Cannabis" is added to **Property Not Covered**.
- 2. Paragraph 1. above does not apply to goods or products containing or derived from hemp, including, but not limited to:
 - a. Seeds;
 - b. Food;
 - c. Clothing;
 - d. Lotions, oils or extracts;
 - e. Building materials; or
 - f. Paper;

However, paragraph 2. does not apply to the extent any such goods or products:

- 1) Have been recommended or prescribed for medicinal purposes or use; or
 - 2) Are prohibited under an applicable state or local statute, regulation or ordinance, in the state where located.
3. For the purpose of this endorsement, the following definition is added:

"Cannabis":

a. Means:

Any good or product that consists of or contains any amount of Tetrahydrocannabinol (THC) or any other cannabinoid, regardless of whether any such THC or cannabinoid is natural or synthetic.

b. Paragraph 3.a. above includes, but is not limited to, any of the following containing such THC or cannabinoid:

- 1) Any plant of the genus Cannabis L., or any part thereof, such as seeds, stems, flowers, stalks and roots; or
- 2) Any compound, byproduct, extract, derivative, mixture or combination, such as:
 - a) Resin, oil or wax;
 - b) Hash or hemp; or
 - c) Infused liquid or edible cannabis; whether or not derived from any plant or part of any plant set forth in Paragraph **3.b.1.**



