CAU
COMMUNITY ASSOCIATION UNDERWRITERS

Let Us Introduce Ourselves

We wanted to take a moment to introduce ourselves and provide some key information and contacts in case you have any immediate questions or need any help going forward.

Your Community Association Underwriters policy includes equipment breakdown as part of your total insurance program. The Hartford Steam Boiler Inspection and Insurance Company (HSB) in partnership with Community Association Underwriters of America, Inc. (CAU) provides inspection services under their insurance program.

In most States, the law requires that Boilers and Pressure Vessels of certain sizes must be inspected. HSB performs these inspections for CAU customers at no charge. If your Boiler or Pressure Vessel needs an inspection, call our Inspection Hotline to schedule a free inspection. If you are not sure if your equipment needs an inspection, call the Hotline and they will be able to assist you in the determination.

We are very excited for the opportunity to provide you with this important service and look forward to working closely with you.

Inspection Scheduling

There are two ways to contact HSB to schedule an inspection or ask questions. They are:

Telephone: Inspection Hotline: (800) 333-4677

Email: NSCINSP_HOTLINE@hsb.com

Please provide the following:

- Identify that you are with the CAU Insurance Program
- Provide Insurance Policy Number
- Your Contact information
- Location address of the equipment
- Type of equipment

Your Equipment Inspections Provider

COMMUNITY ASSOCIATION UNDERWRITERS
RENEWAL INVOICE

PRODUCER NAME & ADDRESS

Mountain West Insurance & Financial Services, LLC
100 E. Victory Way
Craig, CO 81625

S51

INSURED NAME AND MAILING ADDRESS

Twenty Four
C/O Destination Holdings LLC
333 River Valley Ranch Drive
Carbondale, CO 81623

ACCOUNT #	POLICY #	INSURANCE COMPANY	LINE OF BUSINESS	INVOICE DATE
32386	CAU501704-7	AAICO	CPKGE	08/21/2026

THE INSURED HAS THE OPTION OF PAYING THE POLICY PREMIUM OF $40,542.00 BY 10/06/2026 OR CHOOSING OUR INSTALLMENT PLAN. IF THE INSURED CHOOSES TO BE BILLED IN INSTALLMENTS, A FIRST PAYMENT OF $13,510.00 IS DUE BY 10/06/2026. THERE WILL BE AN INSTALLMENT CHARGE OF $8.00 PER INSTALLMENT.

INSTALLMENT SCHEDULE

INSTALLMENT	DUE DATE	INSTALLMENT AMOUNT	INSTALLMENT CHARGE	TOTAL INSTALLMENT
DOWN PAYMENT	10/06/2026	$13,510.00	$0.00	$13,510.00
1.	11/06/2026	$3,379.00	$8.00	$3,387.00
2.	12/06/2026	$3,379.00	$8.00	$3,387.00
3.	01/06/2027	$3,379.00	$8.00	$3,387.00
4.	02/06/2027	$3,379.00	$8.00	$3,387.00
5.	03/06/2027	$3,379.00	$8.00	$3,387.00
6.	04/06/2027	$3,379.00	$8.00	$3,387.00
7.	05/06/2027	$3,379.00	$8.00	$3,387.00
8.	06/06/2027	$3,379.00	$8.00	$3,387.00
		$40,542.00	**$64.00**	**$40,606.00**

NOTE: THIS INVOICE DOES NOT REFLECT ANY PAYMENTS ALREADY MADE. THIS INSTALLMENT SCHEDULE IS SUBJECT TO CHANGE IN THE EVENT OF AN ENDORSEMENT OR REVISION TO THE POLICY.

REMINDER: PAYMENT IS DUE WITHIN 30 DAYS OF THE POLICY EFFECTIVE DATE.

PLEASE MAKE CHECKS PAYABLE TO COMMUNITY ASSOCIATION UNDERWRITERS. REMIT THE TOTAL PREMIUM AMOUNT.

If you have any questions, please call (800) 228-1930.

ACCOUNT #	AAICO POLICY #	EFFECTIVE DATE	EXPIRATION DATE	PREMIUM	STATE FEE	TOTAL PREMIUM
32386	CAU501704-7	09/06/2026	09/06/2027	$40,542.00	$0.00	$40,542.00

INSURED NAME AND MAILING ADDRESS

Twenty Four
C/O Destination Holdings LLC
333 River Valley Ranch Drive
Carbondale, CO 81623

PAY ELECTRONICALLY AT:
https://cauinsure.epaypolicy.com

MAKE CHECK PAYABLE AND MAIL TO:
Community Association Underwriters
P.O. Box 23823
New York, NY 10087-3823

AMERICAN ALTERNATIVE INSURANCE CORPORATION
Administration Office: 555 College Road East, Princeton, NJ 08543-5241
800.305.4954
Statutory Office: 2711 Centerville Road, Suite 400 - Wilmington, DE 19805
(a stock insurance company)

Condominium Association Insurance Policy

DECLARATIONS A: GENERAL POLICY INFORMATION

- Coverage applies only when a limit of insurance is shown in these declarations. These declarations are summaries, only. Please refer to the coverage forms and applicable endorsements for complete information.
- 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 stated in this policy.

Named Insured Name and Mailing Address

Twenty Four
C/O Destination Holdings LLC
333 River Valley Ranch Drive
Carbondale, CO 81623

Policy Number	Annual Premium	Fee
CAU501704-7	$40,542.00	$0.00

Policy Period	Effective Date*	Expiration Date*
	09/06/2026	09/06/2027

*12:01 AM Standard Time at your premises address

DIRECTORY OF DECLARATIONS

Neil-Garing INSURANCE
Mountain West Insurance & Financial Services, LLC
100 E. Victory Way
Craig, CO 81625

CAU COMMUNITY ASSOCIATION UNDERWRITERS

Countersigned (Date)	By (Authorized Representative)
08/21/2026	Lori Ann Long

DECLARATIONS B: DIRECTORY OF APPLICABLE FORMS

Form Number and Edition Date	Form Title
CAU 3000 07/17	Condominium Association Insurance Policy
CAU 3070 07/17	Environmental Impairment Liability Coverage Part
CAU 3103 12/20	Disclosure Pursuant to Terrorism Risk Insurance Act
CAU 3106 06/19	Cap on Losses from "Certified Acts of Terrorism"
CAU 3110 07/17	Amended Water Exclusion
CAU 3113 03/26	Exclusion - War
CAU 3207 07/17	Additional Claim Expenses
CAU 3208 07/17	Power Failure or Interruption Coverage - Sump Pump
CAU 3210 07/17	Wind or Hail Percentage Deductible Per Building - 2%
CAU 3226 07/18	Deductible Credit
CAU 3227 07/18	Deductible Allowance
CAU 3228 05/22	Cyber Incident Exclusion Computer Fraud Definition Amendment
CAU 3318 07/17	Exclusion - Specified Activities
CAU 3320 01/25	Exclusion – Violation of Law Addressing Data Privacy
CAU 3401 07/17	Employee Dishonesty - Community Manager
CAU 3506 07/17	Colorado Changes - Amendatory Endorsement

DECLARATIONS C: 1. ADDRESSES AND DESCRIPTION OF BUILDINGS AND “UNITS”

1. ADDRESSES AND DESCRIPTION OF BUILDINGS AND “UNITS”

Coverage is provided for eleven two-story frame condominium buildings containing twenty two residential units. The premises is located at 3360, 3380, 3400, 3420, 3440, 3460, 3480, 3500, 3520, 3540, 3580, 3600, 3640, 3660, 3680, 3700, 3720, 3740, 3760, 3780, 3800, 3820 Crystal Bridge Drive, Carbondale, Garfield County, CO 81623.

DECLARATIONS D: PROPERTY DIRECT COVERAGES

- Unless otherwise indicated, all Limits apply on a per occurrence basis.

1. **COMMUNITY PROPERTY**
2. **"UNITS"**
3. **ADDITIONAL COMMUNITY PROPERTY**
4. **NATURAL OUTDOOR PROPERTY**

1. COMMUNITY PROPERTY

Causes of Loss	Limit of Insurance	Valuation	* Deductible
Special including "Equipment Breakdown"	Guaranteed Replacement Cost	Guaranteed Replacement Cost	$10,000 Per Occurrence

See 'Directory of Applicable Forms' for additional deductibles
* In addition to the deductible which may result under D.2.

Community Buildings	Community Structures	Community Personal Property
All buildings described in Declarations C.1. including: • Residences	All of the items listed below are covered when not forming part of, or located within, or on a building. • "Swimming Pools" • Statues • Outdoor fixtures • Pool and Pump Houses • Signs • Roads, drives, walkways and other paved surfaces • Recreation fixtures and courts • Antennas and satellite dishes • Sheds • Temporary seasonal structures • Shelters • Cabanas • Freestanding walls (excluding retaining walls) • Fountains • Fences and gates • Gazebos • Gate houses • Mailboxes • Light and flag poles • Benches	• Equipment • Tools • Supplies and furnishings • "Money" and "Securities" • Non-motorized watercraft • "Computer equipment", and "Media" • "Valuable papers and records" • Accounts receivables

2. "UNITS": All real property comprising the "unit" as initially installed in accordance with your association's original plans and specifications, or like kind and quality of such property.

Causes of Loss	Limit of Insurance	Valuation	* Deductible
Ice Damming	Guaranteed Replacement Cost	Guaranteed Replacement Cost	$10,000 Per "Unit"

See 'Directory of Applicable Forms' for additional deductibles
* In addition to the deductible which may result under D.1.

3. ADDITIONAL COMMUNITY PROPERTY

Causes of Loss	Valuation	Deductible
Special including “Equipment Breakdown”	Replacement Cost	None

Covered Property	Limit of Insurance
Additional Structures: Bridges, Docks, Retaining Walls, Piers, Bulkheads and Wharves	$10,000
Newly Acquired Buildings and Structures Buildings and Structures as described in D.1. above that you acquire at locations other than the location described in C.1.	$250,000
Newly Acquired Community Personal Property Community personal property while at locations other than the “premises”	$250,000
Newly Conveyed Buildings and Structures New buildings and structures built at the location described in C.1.	$250,000
“Personal Effects” Personal Property of your directors and “officers” or “employees” while acting in the scope of their duties as such.	$5,000 Per Person $15,000 Per Occurrence
Personal Property of Others Personal property of others temporarily in your care, custody or control.	$5,000 Per Person $15,000 Per Occurrence
Off “Premises” Community Personal Property Community personal property while temporarily at other locations within the “coverage territory”.	$50,000
Community Personal Property In Transit Community personal property while on conveyances being operated between points in the “coverage territory”.	$50,000
“Fine Arts” Paintings, Pictures, Prints, Etchings, Sculptures, Art Glass, “Jewelry”, “Furs”, and other bona fide works of art of rarity, historical value or artistic merit.	$15,000 Per Item $50,000 Per Occurrence

4. NATURAL OUTDOOR PROPERTY

Causes of Loss	Valuation	Deductible
“Specified Causes of Loss”	Replacement Cost	None

Covered Property	Limit of Insurance
Trees, Lawns, Shrubs, Plants	$1,000 Maximum Per Tree, Plant, Lawn or Shrub $20,000 Per Occurrence

DECLARATIONS E: PROPERTY CONSEQUENTIAL LOSS COVERAGES

Coverages apply only as a consequence of direct physical loss or damage to "covered property" caused by or resulting from a covered Cause of Loss.

- Unless otherwise indicated, all Limits apply on a per occurrence basis
- No Deductible applies to Property Consequential Loss Coverages
  1. **ORDINANCE OR LAW**
  2. **LOSS OF INCOME**
  3. **SUPPLEMENTARY PAYMENTS**

1. ORDINANCE OR LAW

Covered Property	Consequential Loss Coverage	Limit of Insurance	Valuation
Community Buildings, "Units"	Undamaged Portion	Guaranteed Replacement Cost	Guaranteed Replacement Cost
Community Buildings, "Units"	Demolition Costs	$1,000,000	Actual Loss Sustained
Community Buildings, "Units"	Increased Cost of Construction	$1,500,000	Increased Replacement Cost

2. LOSS OF INCOME

	Limit of Insurance	Valuation
Community Income and Maintenance Fees and Assessments; Extra Expense; Rents; Community Income; Increased Period of Restoration; other temporary operation expenses.	Actual Loss Sustained	Actual Loss Sustained

3. SUPPLEMENTARY PAYMENTS

		Limit of Insurance	Valuation
• Removal of Fallen Trees	$10,000 $1,000	Maximum per Tree	Actual Loss Sustained Actual Loss Sustained
• "Pollutant" Cleanup and Removal	$25,000	per continuous 12 month period	Actual Loss Sustained
• Property Removal	$300,000		Actual Loss Sustained
• Monetary Reward	$5,000		10% of Paid Claim
• Debris Removal	$300,000		Actual Loss Sustained
• Fire Department Service Charges	$10,000		Actual Loss Sustained
• Fire Extinguisher Recharge	$1,000		Actual Loss Sustained

DECLARATIONS F: CRIME COVERAGES

- Unless otherwise indicated, all Limits apply on a per occurrence basis

Valuation	Deductible
Actual Loss Sustained	None

Covered Property	Causes of Loss	Limit of Insurance
All "Covered Property"	"Employee Dishonesty"	$150,000 Combined Limit
All "Covered Property"	"Computer Fraud"	
"Covered Instruments"	"Depositors Forgery"	

DECLARATIONS G: 1. LIABILITY COVERAGES - PRIMARY AND EXCESS

1. Liability - Primary and Excess Limits of Insurance apply as:

- Indemnity payments for claims or "suits" seeking damages
- Both primary and excess unless otherwise indicated

Coverage	Limit of Insurance		Type of Limit
"Bodily Injury" And "Property Damage"	$1,000,000		Per "Occurrence"
Products / Completed Operations	$1,000,000 $1,000,000		Per "Occurrence" Annual Aggregate
"Personal Injury" & "Advertising Injury"	$1,000,000		Per "Offense"
Property Damage Legal Liability–Real Property	$1,000,000		Per "Occurrence"
"Hired Auto" and "Nonowned Auto"	$1,000,000		Per "Occurrence"
Medical Payments	$5,000		Per "Occurrence"
Garage and Parking Areas Legal Liability			
Comprehensive Coverage	$500	Deductible Applies Per "Occurrence"	
	$25,000		Per "Occurrence" Limit
Collision Coverage	$500	Deductible Applies Per "Occurrence"	
	$25,000		Per "Occurrence" Limit

DECLARATIONS H: CLAIMS MADE LIABILITY COVERAGES

1. **ENVIRONMENTAL IMPAIRMENT LIABILITY COVERAGE**

1. ENVIRONMENTAL IMPAIRMENT LIABILITY - CLAIMS MADE AND REPORTED

Limits of Insurance apply as:
- Indemnity payments and "defense costs" for "claims" seeking damages arising out of "pollution conditions".

Coverage	Limit of Insurance	
Environmental Impairment Liability	$1,000,000	Each "Loss"
	$1,000,000	Aggregate
	$5,000	Retained Limit Each "Loss"

Retroactive Date: NONE

This insurance does not apply to "loss" from "pollution conditions" which took place before the Retroactive Date.

Optional Extended Reporting Period: 1 year

The premium for the Optional Extended Reporting Period is: $113

NOTICE
Any emergency arising out of "pollution conditions" covered by Environmental Impairment Liability Coverage should be reported immediately to the on call 24 hour hotline at 1-800-432-2481, administered by XL Specialty Claims, a division of the XL Insurance Companies.

In Witness Whereof, American Alternative Insurance Corporation has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our duly authorized representative.

Cathy Smith
President

Ignacio Rivera
Deputy General Counsel and Assistant Secretary