

**TRUCK INSURANCE EXCHANGE**

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES  
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

**POLICY DECLARATIONS**

1. **CONDOMINIUM - PRIMARY**

Named	GOOSE CREEK CONDOS ASSOC	AC83541	
Insured		EasyPay Acct. No.	Prod. Count
Mailing Address	3311 N LAKE HARBOR LN	75-35-323	60362-57-77
	BOISE ID 83703	Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business **CONDOMINIUM**

2. Policy Period from 10/04/06 (not prior to time applied for) to 10/04/07 12:01 a.m. Standard Time  
If this policy replaces other coverage that ends at noon standard time of the same day this policy begins, this policy will not take effect until the other coverage ends. **This policy will continue for successive policy periods as follows:** If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period subject to our premiums, rules and forms then in effect.

3. Insured location same as mailing address unless otherwise stated:

4. We provide insurance only for those coverages described below and for which a specific limit of insurance is shown.

**PROPERTY**

**COVERAGES AND LIMITS OF INSURANCE**

COVERAGES	PREMISE NO. 001
BUILDINGS	\$3,032,600
BUSINESS PERSONAL PROPERTY	\$2,500
BUILDING ORDINANCE AND LAW	COV 1 COVERED
	COV 2 \$25,000
	COV 3 \$10,000
CONDOMINIUM UNIT COVERAGE	INCLUDED
SPECIFIED PROPERTY	\$2,500
ASSOCIATION FEE AND EXTRA EXPENSE	\$100,000
AUTOMATIC BUILDING INCREASE	8%
PROPERTY DEDUCTIBLE	\$10,000

**ADDITIONAL COVERAGES**

COVERAGE	All Premises
MASTER KEY	\$100/\$5,000



Make Check Or Money Order Payable To Company Shown Below



FARMERS

INVOICE

TRUCK INSURANCE EXCHANGE

GOOSE CREEK CONDOS ASSOC
3311 N LAKE HARBOR LN
BOISE ID 83703

OCTOBER 24, 2006

Date

75-35-323

Agent's Number

60362-57-77

Policy Number

Loan Number

This Invoice Reflects:

Effective Date: 10/04/06

[X] New Business [ ] Reinstatement [ ] Change Of Coverage [ ] Added Coverage

\$ Previous Balance Owing
\$ 5,061.00 Premium
\$ 150.00 Membership, Policy, Reinstatement, Reissue or Service Fees
\$ Pro Rata Premium Due
\$ Premium For Renewing Entire Present Coverage From To
\$
\$
\$
\$
\$ 5,211.00 Total Charges
\$
\$ Payments
\$ Other Credits
\$ Total Credits
\$ - NONE - BALANCE DUE UPON RECEIPT
\$ Optional Amount
\$ Refund

DO NOT PAY THE AMOUNT DUE.
YOUR POLICY IS ON THE MONTHLY PAYMENT PLAN.
ALL PREMIUM CHARGES OR REDUCTIONS IN PREMIUM WILL BE DIVIDED INTO EQUAL MONTHLY PORTIONS FROM
THE EFFECTIVE MONTH TO THE RENEWAL MONTH AND WILL BE INCLUDED ON YOUR MONTHLY STATEMENT FROM
THE PREMATIC SERVICE CORPORATION.

Please Write Your Policy Number On Check Or Money Order.

KEEP THIS ORIGINAL FOR YOUR RECORDS

Agent's Copy

**COVERAGE EXTENSIONS - Optional Higher Limits of Insurance Per Occurrence**

COVERAGE	All Premises
ACCOUNTS RECEIVABLE	\$5,000
VALUABLE PAPERS	\$5,000
EDP	\$5,000
NEWLY ACQUIRED PROPERTY	\$250,000

**OPTIONAL COVERAGES: We provide insurance for those Optional Coverages described below.**

COVERAGE	All Premises
OUTDOOR SIGNS	\$2,500
EMPLOYEE DISHONESTY	\$5,000
MONEY AND SECURITIES	\$5,000
OUTDOOR PROPERTY	\$2,500

**LIABILITY AND MEDICAL PAYMENTS - Except for Fire Legal Liability, each paid claim for the following coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Liability Coverage Form.**

COVERAGE	LIMITS OF INSURANCE
LIABILITY	\$2,000,000
MEDICAL EXPENSES	\$5,000 PER PERSON
TENANTS LIABILITY	\$75,000 PER OCCURRENCE

**Mortgage Holders:**

Premises No.	Mortgage Holder Name, Address

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
 (Date) (Authorized Representative)

**TRUCK INSURANCE EXCHANGE**

**MEMBERS OF THE FARMERS INSURANCE GROUP OF COMPANIES  
HOME OFFICE: 4680 WILSHIRE BLVD., LOS ANGELES, CALIFORNIA 90010**

**COMMON POLICY DECLARATIONS  
CONDOMINIUM - PRIMARY**

1.	<b>GOOSE CREEK CONDOS ASSOC</b>	<b>AC83541</b>	
Named			
Insured	<b>3311 N LAKE HARBOR LN</b>	EasyPay Acct. No.	Prod. Count
Mailing		<b>75-35-323</b>	<b>60362-57-77</b>
Address	<b>BOISE ID 83703</b>	Agent No.	Policy Number

The named insured is an individual unless otherwise stated:

Partnership  Corporation  Joint Venture  Organization (Any other)

Type of Business CONDOMINIUM

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THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS LISTED BELOW AND FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO CHANGE.

	Premium After Applicable Discount and Modification
CONDOMINIUMS OWNERS POLICY	\$5,061.00
CERTIFIED ACTS OF TERRORISM - SEE DISCLOSURE ENDORSEMENT	INCLUDED
TOTAL	SEE INVOICE ATTACHED

Forms applicable to all Coverage Parts:

**E0022-ED1**

Countersigned \_\_\_\_\_ By \_\_\_\_\_  
(Date) (Authorized Representative)

Agent: **KURT PFLEGER**  
Agent Phone: **208-345-5111**



**FARMERS**

Policy Number: 60362-57-77

Effective Date: 10/04/06

Policy Forms and Endorsements attached at inception:

E3024-ED3	E3314-ED3	E3422-ED3	56-5166ED2	E0127-ED1
E3015-ED2	E3333-ED3	E0125-ED1	E6097-ED2	E4009-ED4
25-2110	25-2614	E0130-ED1	E0131-ED1	S7500-ED2
E0147-ED1	E0104-ED1	E0051-ED2	E2031-ED1	E2038-ED1
E2040-ED1	E0018-ED2	E3316-ED2	E3418-ED2	

Countersigned \_\_\_\_\_  
(Date)

By \_\_\_\_\_  
(Authorized Representative)