



The Cincinnati Insurance Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141

Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496

www.cinfin.com ■ 513-870-2000

COMMON POLICY DECLARATIONS

Billing Method: DIRECT BILL

POLICY NUMBER EPP 036 71 92

NAMED INSURED THE RESERVE AT SANTA FE

REFER TO IA905

ADDRESS

(Number & Street, Town, County,
State & Zip Code) 941 CALLE MEJIA
SANTA FE, NM 87501

Previous Policy Number:

EPP0367192

Policy Period: At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

All coverages except Automobile and / or Garage

Policy number: EPP 036 71 92 FROM: 12-29-2021 TO: 12-29-2022

Automobile and / or Garage

Policy number: FROM: TO:

Agency DANIELS INSURANCE AGENCY, INC. 30-004

City SANTA FE, NM

Legal Entity / Business Description

ORGANIZATION (ANY OTHER)

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.

FORMS APPLICABLE TO ALL COVERAGE PARTS:

IL0017	11/98	COMMON POLICY CONDITIONS
IA102A	09/08	SUMMARY OF PREMIUMS CHARGED
IA904	04/04	SCHEDULE OF LOCATIONS
IA905	02/98	NAMED INSURED SCHEDULE
IA4513	06/20	CERTIFIED ACTS AND OTHER ACTS OF TERRORISM EXCLUSION ADVISORY NOTICE TO POLICYHOLDERS
IA4521	03/20	NOTICE OF PRIVACY PRACTICES
IP446	08/01	NOTICE TO POLICYHOLDERS
IA319	01/15	EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM
IA4305NM	03/16	NEW MEXICO CHANGES - CANCELLATION AND NONRENEWAL
IA4310NM	08/07	NEW MEXICO CHANGES - PROPERTY CLAIMS SETTLEMENT IN THE EVENT OF A CATASTROPHE
IA4338	05/11	SIGNATURE ENDORSEMENT
IA4457NM	03/16	ACKNOWLEDGEMENT OF DEFENSE COSTS INCLUDED WITHIN THE LIMITS OF INSURANCE - NEW MEXICO
IA4525	03/21	NOTICE TO POLICYHOLDERS EXCLUSION - COMMUNICABLE DISEASE
FM502	07/08	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
GA532	07/08	COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS
USC513	05/10	COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS

THE CINCINNATI INSURANCE COMPANY

A Stock Insurance Company

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: EPP 036 71 92

Named Insured is the same as it appears on the Common Policy Declarations unless otherwise stated here.

Loc. (address)
 PER STATEMENT OF VALUES ON FILE
 REFER TO IA904

COVERAGE PROVIDED			OPTIONAL COVERAGES Applicable only when an entry is made									
Item	Coverage	Limits	Coin- surance	Covered Cause Of Loss	Business Income Indemnity							
					Inflation Guard (%)	Replace- ment Cost (x)	Replace- ment Cost Ind. Stock (x)	Agreed Value (x)	Monthly Limit (fraction)	Maximum Period (X)	Extended Period (Days)	
	BLANKET BUILDING	37,429,171	90%	SPECIAL		X						
1	EQUIPMENT BREAKDOWN											
1-1	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-2	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-3	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-4	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-5	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-6	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-7	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-8	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-9	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-10	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								
1-11	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242		SPECIAL								

1-12	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242			SPECIAL	
1-13	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242			SPECIAL	
1-14	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242			SPECIAL	
1-15	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242			SPECIAL	
1-16	BUSINESS INCOME W/EXTRA EXPENSE (c)	12 MONTHS ALS SEE FA242			SPECIAL	
1-17	BUSINESS PERSONAL PROPERTY	62,340	90%	SPECIAL		X
1-18	NURSERY STOCK	53,000	90%	SPECIAL		X
2-1	SCULPTURES IN THE GARDENS	10,600	90%	SPECIAL		X

DEDUCTIBLE: \$500.00 unless otherwise stated \$ SEE FA475

THE CINCINNATI INSURANCE COMPANY

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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Attached to and forming part of POLICY NUMBER: EPP 036 71 92

Named Insured is the same as it appears in the Common Policy Declarations

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$ 1,000,000	
GENERAL AGGREGATE LIMIT	\$ 2,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ 2,000,000	
PERSONAL & ADVERTISING INJURY LIMIT	\$ 1,000,000	ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT		ANY ONE
\$100,000 limit unless otherwise indicated herein:	\$ SEE GA227	PREMISES
MEDICAL EXPENSE LIMIT		
\$5,000 limit unless otherwise indicated herein:	\$	ANY ONE PERSON

CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Products / Completed Operations	All Other	Products / Completed Operations	All Other
LOC. 1 - NM SWIMMING POOLS INCL PROD AND/OR COMP OP	48925 E1	EACH		894.651		895
BUILDINGS OR PREMISES LRO - OT NFP INCL PROD AND/OR COMP OP	61217 A1	1,300		41.341		54
CONDOMINIUMS - RESIDENTIAL INCL PROD AND/OR COMP OP	62003 D260			29.464		7,661
HIRED AND NON-OWNED AUTO						135
EXTENDED LIABILITY	20296			2%		172

The General Liability Coverage Part is subject to an annual minimum premium.

TOTAL ANNUAL PREMIUM \$ 8,917

FORMS AND / OR ENDORSEMENTS APPLICABLE TO COMMERCIAL GENERAL LIABILITY COVERAGE PART:

GA101	12/04	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG2004	11/85	ADDITIONAL INSURED--CONDOMINIUM UNIT OWNERS
CG2132	05/09	COMMUNICABLE DISEASE EXCLUSION
GA207	12/04	HIRED AUTO AND NON-OWNED AUTO LIABILITY
GA227	09/17	COMMERCIAL GENERAL LIABILITY EXTENDED ENDORSEMENT

THE CINCINNATI INSURANCE COMPANY

COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS

Previous Policy Number **EPP0367192**

Attached to and forming part of POLICY NUMBER **EPP 036 71 92** Effective Date: **12-29-2021**

NAMED INSURED is the same as it appears in the Common Policy Declarations unless another entry is made here.

LIMITS OF INSURANCE

\$ **2,000,000** Each Occurrence Limit \$ **2,000,000** Aggregate Limit

ADVANCE PREMIUM \$ 2,605

Applicable to Premium, if box is checked:

- Subject to Annual Adjustment
 Subject to Audit (see Premium Computation Endorsement for Rating Basis)

SCHEDULE OF UNDERLYING INSURANCE

Insurer, Policy Number & Period:	Underlying Insurance:	Underlying Limits:
<p>(a) NEW MEXICO MUTUAL 89451.107 12-29-2021 TO 12-29-2022</p>	<p>Employer's Liability</p>	<p>Bodily Injury by Accident: \$ 500,000 Each Accident Bodily Injury by Disease: \$ 500,000 Each Employee Bodily Injury by Disease: \$ 500,000 Policy Limit</p>
<p>(b) CINCINNATI INS. CO. EPP 036 71 92 12-29-2021 TO 12-29-2022</p>	<p><input checked="" type="checkbox"/> Commercial General Liability Including: <input checked="" type="checkbox"/> Products-Completed Operations Coverage <input type="checkbox"/> Cemetery Professional <input type="checkbox"/> Druggist Professional <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Pedorthists Professional or <input type="checkbox"/> Business Liability Including: <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Druggist Professional</p>	<p>Bodily Injury and Property Damage Liability: \$ 1,000,000 Each Occurrence Limit \$ 2,000,000 General Aggregate Limit \$ 2,000,000 Products-Completed Operations Aggregate Limit Personal and Advertising Injury Limit: \$ 1,000,000 Any One Person or Organization</p>
<p>(c) CINCINNATI INS. CO. EPP 036 71 92 12-29-2021 TO 12-29-2022</p>	<p>Automobile Liability Including: <input type="checkbox"/> Owned Autos <input checked="" type="checkbox"/> Non-Owned Autos <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> Any Auto</p>	<p>Bodily Injury Liability Limit: \$ Each Person \$ Each Occurrence Property Damage Liability Limit: \$ Each Occurrence or Bodily Injury Liability and / or Property Damage Liability or Both Combined Limit: \$ 1,000,000 Each Occurrence</p>

(d)	Professional	\$	
		\$	Aggregate

(e) CINCINNATI INS. CO.	Employee Benefit Liability	\$	1,000,000 Each Employee Limit
EPP 036 71 92		\$	3,000,000 Aggregate Limit
12-29-2021 TO 12-29-2022			

(f)	Liquor Liability	\$	Each Common Cause Limit
		\$	Aggregate Limit

Other

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

US101UM	12/04	COMMERCIAL UMBRELLA - TABLE OF CONTENTS
US302	12/04	POLLUTANT EXCLUSION - OTHER THAN AUTO
US306	12/04	AUTO LIABILITY LIMITATION
US3078	04/11	COMMUNICABLE DISEASE EXCLUSION
US3093	05/14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
US369	12/04	PERSONAL AND ADVERTISING INJURY LIMITATION ENDORSEMENT
US4062	11/05	MOBILE EQUIPMENT SUBJECT TO MOTOR VEHICLE INSURANCE LAWS - LIMITATION
US407	12/04	EMPLOYEE BENEFIT LIABILITY
US4071NM	03/16	NEW MEXICO CHANGES - CANCELLATION AND NONRENEWAL
US4072NM	08/07	NEW MEXICO CHANGES
US4098	04/10	OFFICE OF FOREIGN ASSETS CONTROL (OFAC) COMPLIANCE ENDORSEMENT
