

INSURANCE BINDER

NAME AND ADDRESS OF AGENCY

SCA INSURANCE-PUEBLO
P. O. BOX 4316
PUEBLO CO 81003-0316AGENCY CODE
050005

INSURANCE COMPANY

HULL & COMPANY
3033 SO. PARKER RD #506
AURORA CO 80014

NAME AND MAILING ADDRESS OF INSURED

PUEBLO CONSERVANCY DIST.
P.O. BOX 234
PUEBLO CO 81002

POLICY NUMBER

BINDER33577

POLICY TYPE

COMM PACKAGE

POLICY PERIOD

(INCEPTION)

(EXPIRATION)

03/28/01 TO 03/28/02

BOUND

03/28/01 TO 04/27/01 12:01 AM

PROPERTY SECTION

LOC# LOCATION OF PROPERTY
BLDG SUBJECT OF INSURANCE

AMOUNT

DEDUCT COINS

VALUATION

*****NON BLANKET LIMITS*****

1 RUNYON LAKE
PUEBLO, CO1 BUILDING
Basic

1,000

250 100

RC

2 FOUNTAIN LAKE
PUEBLO, CO1 BUILDING
Basic

1,000

250 100

RC

999

ALL EXTRA EXPENSE

10,000

NONE

SCHEDULED ENDORSEMENTS

Form No.	Ed.Date	Description	Limits	Deductible
FM600.0.959	4/94	COMPAC III DEC		

Loc(s) :

FM206.0.2	4/94	SCHEDULE OF FORMS AND ENDORSEMENTS		
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Loc(s) :

SCA INSURANCE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▲ Detach and Return Top Portion for Proper Credit ▲

1,550.00

TOTAL AMOUNT DUE

If you do not want coverage continued, **The Original Policy** must be returned for cancellation.

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Form No.	Ed.Date	Description	Limits	Deductible
FM206.0.12	9/96	SIGNATURE PAGE-NORTH RIVER		
Loc(s) :				
FM206.0.3	4/94	SCHEDULE OF LOCATIONS		
Loc(s) :				
IL0017	11/98	COMMON POLICY CONDITIONS		
Loc(s) :				
IL0021	04/98	NUCLEAR ENERGY LIABILITY EX ENDT		
Loc(s) :				
IL0169	04/98	COLORADO CHANGES -CONCEALMENT, MISREP OR FRAUD		
Loc(s) :				
IL0228	04/98	COLORADO CHANGES-CANCELLATI & NON RENEWAL		
Loc(s) :				
IL0003	04/98	CALCULATION OF PREMIUM		
Loc(s) :				
FM6000960	4/94	COMM PROPERTY COV PART DEC		
Loc(s) :				

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Form No.	Ed.Date	Description	Limits	Deductible
CP0010	06/95	BUILDING AND PERSONAL PROPE FORM		
Loc(s) :				
CP0050	06/95	EXTRA EXPENSE COV FORM		
Loc(s) :				
CP0090	07/88	COMMERCIAL PROPERTY CONDITI		
Loc(s) :				
FM600.0.900	4/89	PROPERTY ENHANCEMENT ENDT		
Loc(s) :				
CP1010	06/95	CAUSES OF LOSS - BASIC FORM		
Loc(s) :				
IL0935	8/98	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES		
Loc(s) :				

LIABILITY SECTION

COVERAGES

OCCURRENCE

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LIMITS OF LIABILITY

GENERAL AGGREGATE	:	1,000,000
PROD/COMPLTD OPS AGGR	:	1,000,000
PERS/ADVERTISING INJURY	:	1,000,000
EACH OCCURRENCE	:	1,000,000
FIRE DAMAGE (ANY 1 FIRE)	:	50,000
MED EXP (ANY 1 PERSON)	:	5,000

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FM600.0.959	4/94	COMPAC III DEC		
Loc(s) :				
FM206.0.2	4/94	SCHEDULE OF FORMS AND ENDORSEMENTS		
Loc(s) :				
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Form No.	Ed.Date	Description	Limits	Deductible
IL0169	04/98	COLORADO CHANGES-CONCEALMENT,MISREP		
Loc(s) :				
IL0228	04/98	COLORADO CHANGES-CONCEALMENT,MISREP		
Loc(s) :				
IL0003	04/98	CALCULATION OF PREMIUM		
Loc(s) :				
FM101.0.1252	12/90	ABSOLUTE ASBESTOS EXCL		
Loc(s) :				
CG0001	07/98	GL COVERAGE FORM		
Loc(s) :				
FM101.0.1404	4/94	COMM GL COV PART SUPP DEC		
Loc(s) :				
FM101.0.1056	12/88	HIRED AUTO NON OWNED LIAB (		
Loc(s) :				
FM101.0.1206	1/98	GL ENHANCEMENT ENDT.		
Loc(s) :				

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Form No.	Ed.Date	Description	Limits	Deductible
CG2147	07/98	EMPLOYMENT-RELATED PRACTICE EXCL		
Loc(s) :				
IL0935	8/98	EXCLUSION OF CERTAIN COMPUTER-RELATED LOSSES		
Loc(s) :				
CG2865	10/89	COLORADO CHANGES		
Loc(s) :				
CG0057	09/99	AMEND INSURING AGREEMENT- KNOWN INJ/DAM		
Loc(s) :				
CG2155	09/99	TOTAL POLLUTION EXCL WITH A HOSTILE FIRE EXCEPTION		
Loc(s) :				

A U T O S E C T I O N

COVERAGES SYMBOLS

LIABILITY INSURANCE 8 9

P.I.P.

ADDITIONAL P.I.P.

AUTO MED. PAYMENTS

UNINSURED MOTORIST

UNDERINSURD MOTORIST

COMPREHENSIVE

SPECIFIED PERILS

COLLISION

LIMITS OF LIABILITY

CSL: 1,000,000 PER ACCIDENT

PIP: DED:

BI :

PD :

DED:

MP :

PER PERSON

UM :

UND:

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TOWING & LABOR

HIRE/BORROWED

AUTO LIABILITY

STATES:CO

EMPLOYER'S

NON-OWNERSHIP LIAB. STATES:CO

SCHEDULED ENDORSEMENTS

Form No.Ed.DateDescriptionLimitsDeductible

FM101.0.1056

12/88

HIRED AUTO NON-OWNED AUTO
LIABILITY

Veh(s) :

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CONDITIONS

THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ABOVE. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.

THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY.

APPLICABLE IN NEVADA

ANY PERSON WHO REFUSES TO ACCEPT A BINDER WHICH PROVIDES COVERAGE OF LESS THAN \$1,000,000.00 WHEN PROOF IS REQUIRED: (A) SHALL BE FINED NOT MORE THAN \$500.00, AND (B) IS LIABLE TO THE PARTY PRESENTING THE BINDER AS PROOF OF INSURANCE FOR ACTUAL DAMAGES SUSTAINED THEREFROM.

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