

0106

UNITED FIRE & CASUALTY COMPANY

PO BOX 73909, CEDAR RAPIDS IA 52407

POLICY NUMBER: 85317765

ACCOUNT NUMBER:3000218811

DIRECT BILL -

ISSUE DATE 10-15-2012 JBL REPLACEMENT OF NEW		POLICY SUMMARY	
NAMED SKYLINE RANCH ESTATES WSC INSURED AND MAILING PO BOX 2287 ADDRESS WIMBERLEY TX 78676-7187		AGENCY & CODE 833526 DEMASTERS-DANIEL INS AGENCY PO BOX 2249 WIMBERLEY TX 78676	
POLICY PERIOD:		FROM: 10-12-2012 TO: 10-12-2013	
The insurance afforded under any coverage part is only in the amounts and to the extent set forth in such coverage part, subject to all terms of the policy having reference thereto.			

COMMERCIAL POLICY**COVERAGE PARTS****PREMIUMS**

COMMERCIAL GENERAL LIABILITY

\$ 638.00

COMMERCIAL PROPERTY

\$ 546.00

TOTAL ADVANCE PREMIUM

\$ 1,184.00

This Policy Summary supersedes and replaces any preceding summary bearing the same policy number for this policy period.

X
(COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)

IL 70 18 12 92

UNITED FIRE & CASUALTY COMPANY

PO BOX 73909, CEDAR RAPIDS IA 52407

POLICY NUMBER: 85317765

ACCOUNT NUMBER: 3000218811

(2) COMMERCIAL GENERAL LIABILITY

DIRECT BILL -

COMMERCIAL GENERAL LIABILITY COVERAGE PART

ISSUE DATE 10-15-2012 JB1 REPLACEMENT OF NEW		DECLARATIONS																																																																
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POLICY 12:01 A.M. Standard time PERIOD: at your mailing address shown above.		FROM: 10-12-2012 TO: 10-12-2013 And for successive policy periods as stated below.																																																																
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LIMITS OF INSURANCE																																																																		
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)		\$	2,000,000																																																															
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT		\$	2,000,000																																																															
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)		\$	1,000,000																																																															
EACH OCCURRENCE LIMIT		\$	1,000,000																																																															
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)		\$	100,000																																																															
MEDICAL EXPENSE LIMIT (Any one person)		\$	5,000																																																															
RETROACTIVE DATE (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which NONE occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies)																																																																		
BUSINESS DESCRIPTION																																																																		
FORM OF BUSINESS: ____ Individual ____ Joint Venture ____ Partnership ____ Corporation <input checked="" type="checkbox"/> Other <u>NOT FOR PROFIT</u>																																																																		
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CG 70 01 02 05

UNITED FIRE & CASUALTY COMPANY

PO BOX 73909, CEDAR RAPIDS IA 52407

POLICY NUMBER:

85317765

ACCOUNT NUMBER:3000218811 (2) COMMERCIAL PROPERTY

DIRECT BILL -

COMMERCIAL PROPERTY COVERAGE PART

ISSUE DATE 10-15-2012 JBL REPLACEMENT OF NEW		DECLARATIONS	
NAMED SKYLINE RANCH ESTATES WSC INSURED AND MAILING PO BOX 2287 ADDRESS WIMBERLEY TX 78676-7187		AGENCY & CODE 833526 DEMASTERS-DANIEL INS AGENCY PO BOX 2249 WIMBERLEY TX 78676	
POLICY PERIOD: 12:01 A.M. Standard time		FROM: 10-12-2012 TO: 10-12-2013	
And for successive policy periods as stated below.			
We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. 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. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.			
PREM/BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	RATE PREMIUM
	EQUIPMENT BREAKDOWN		19
	PROPERTY PLUS		100
01 01	SUNRISE CANYON RD WIMBERLEY TX 78676 FRAME PUMP HOUSE		
	BUILDING	10,350	.301 32
	Special Causes of Loss	1,000 Ded	
	Replacement Cost	80% Coins	
	Automatic Valuation Adjustment		
	YOUR BUSINESS PERSONAL PROPERTY	52,000	.470 244
	Special Causes of Loss	1,000 Ded	
	Replacement Cost	80% Coins	
	4% Inflation Guard		
01 02	SUNRISE CANYON RD WIMBERLEY TX 78676 FRAME STORAGE		
	BUILDING	10,500	.349 37
	Special Causes of Loss	1,000 Ded	
	Replacement Cost	80% Coins	
	CONTINUED ON CP7002		
ABBREVIATIONS: BLDG=BUILDING COINS=COINSURANCE DED=DEDUCTIBLE INCL=INCLUDED PREM=PREMISES			
Premium Charge Forms		Premium Charge Forms	
Advance Premium SEE UW7002		Advance Premium	
Other Forms SEE UW7002			
AMEND REASON:			
PREMIUM FOR THIS COVERAGE PART \$ 546			
Endorsement Adjustment Premium \$			
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CP 70 01 12 92

0106

10-12-2012

POLICY NUMBER:	85317765
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COMMERCIAL PROPERTY SUPPLEMENTAL DECLARATIONS

PREM/ BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	RATE	PREMIUM
01 02	CONTINUED			
	Automatic Valuation Adjustment			
	YOUR BUSINESS PERSONAL PROPERTY	35,000	.296	103
	Special Causes of Loss	1,000 Ded		
	Replacement Cost	80% Coins		
	4% Inflation Guard			
	Certified Acts of Terrorism Coverage			11