



STRATFORD INSURANCE GROUP

WWW.SIGUTAH.COM

April 11, 2011

Herefordshire Condominium
Brian Morris
5300 S. Adams Ave
Ogden, UT 84405

RE: **Travelers** Policy Number: **I-680-2980M60-2-ACJ-11**

Dear Brian,

We are pleased to enclose the above referenced Commercial Package policy. We ask that you examine it carefully to make sure the limits of coverage meet your needs and that no items have been omitted. If there are any portions of the policy that you do not understand, please feel free to call for an explanation.

Should it be necessary to make any changes to this policy, please contact our office or visit our website (www.sigutah.com) for online services.

We hope you will keep in mind that Stratford Insurance Group is a full service agency ready to handle all your insurance needs, including home, personal auto, winter and summer "toys", plus many more. Please visit our website at www.sigutah.com for more information.

Thank you for allowing Stratford Insurance Group to service your insurance needs. We greatly appreciate your business.

Regards,

Val T. Stratford, CIC, CRM





Report Claims Immediately by Calling*
1-800-238-6225

*Speak directly with a claim professional
24 hours a day, 365 days a year*

*Unless Your Policy Requires **Written** Notice or Reporting

CONDOMINIUM PAC



A Custom Insurance Policy Prepared for:

**HEREFORDSHIRE CONDOMINIUM
C/O WELCH RANDALL/BRIAN MORRIS
5300 ADAMS AVENUE PKWY
OGDEN UT 84405-6902**

Presented by: STRATFORD INS GROUP

RENEWAL CERTIFICATE

COMMON POLICY DECLARATIONS
CONDOMINIUM PAC
BUSINESS: CONDO 1-4

POLICY NO.: I-680-2980M602-ACJ-11
ISSUE DATE: 03-31-11

INSURING COMPANY:
TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

1. NAMED INSURED AND MAILING ADDRESS:

HEREFORDSHIRE CONDOMINIUM
C/O WELCH RANDALL/BRIAN MORRIS
5300 ADAMS AVENUE PKWY
OGDEN UT 84405-6902

2. POLICY PERIOD: From 05-13-11 to 05-13-12 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS:

PREM. NO.	BLDG. NO.	OCCUPANCY	ADDRESS (same as Mailing Address unless specified otherwise)
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SEE IL TO 20 02 05

4. COVERAGE PARTS AND SUPPLEMENTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:

COVERAGE PARTS AND SUPPLEMENTS	INSURING COMPANY
Businessowners Coverage Part	ACJ
Directors & Officers Coverage Supplement	ACJ

5. The COMPLETE POLICY consists of this declarations and all other declarations, and the forms and endorsements for which symbol numbers are attached on a separate listing.

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions.

POLICY	POLICY NUMBER	INSURING COMPANY
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DIRECT BILL

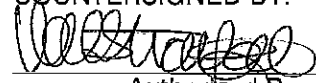
7. PREMIUM SUMMARY:

Provisional Premium	\$	12,986.00
Due at Inception	\$	
Due at Each	\$	

NAME AND ADDRESS OF AGENT OR BROKER

STRATFORD INS GROUP CKL95
2307 NORTH HILL FIELD ROAD
SUITE 103
LAYTON UT 84041

COUNTERSIGNED BY:


Authorized Representative

DATE: 4/11/11





BUSINESSOWNERS COVERAGE PART DECLARATIONS

CONDOMINIUM PAC

POLICY NO.: I-680-2980M602-ACJ-11

ISSUE DATE: 03-31-11

INSURING COMPANY:

TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA

POLICY PERIOD:

From 05-13-11 to 05-13-12 12:01 A.M. Standard Time at your mailing address.

FORM OF BUSINESS: LLC

COVERAGES AND LIMITS OF INSURANCE: Insurance applies only to an item for which a "limit" or the word "included" is shown.

COMMERCIAL GENERAL LIABILITY COVERAGE

OCCURRENCE FORM

LIMITS OF INSURANCE

General Aggregate (except Products-Completed Operations Limit)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	300,000
Medical Payments Limit (any one person)	\$	5,000

BUSINESSOWNERS PROPERTY COVERAGE

DEDUCTIBLE AMOUNT: Businessowners Property Coverage: \$ 1,000 per occurrence.
 Building Glass: \$ 1,000 per occurrence.

BUSINESS INCOME/EXTRA EXPENSE LIMIT: Actual loss for 12 consecutive months

Period of Restoration-Time Period: Immediately

Other additional coverages apply and may be changed by an endorsement. Please read the policy.



SPECIAL PROVISIONS:

**COMMERCIAL GENERAL LIABILITY COVERAGE
IS SUBJECT TO A GENERAL AGGREGATE LIMIT**

BUSINESSOWNERS PROPERTY COVERAGE

PREMISES LOCATION NO.: 01

BUILDING NO.: 01

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,071,105	RC*	90%	0.0%
*Replacement Cost				

PREMISES LOCATION NO.: 01

BUILDING NO.: 02

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,071,105	RC*	90%	0.0%
*Replacement Cost				

PREMISES LOCATION NO.: 01

BUILDING NO.: 03

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,499,547	RC*	90%	0.0%
*Replacement Cost				

PREMISES LOCATION NO.: 01

BUILDING NO.: 04

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,499,547	RC*	90%	0.0%
*Replacement Cost				

PREMISES LOCATION NO.: 01

BUILDING NO.: 05

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 1,767,323	RC*	90%	0.0%
*Replacement Cost				

PREMISES LOCATION NO.: 01

BUILDING NO.: 06

COVERAGE	LIMIT OF INSURANCE	VALUATION	COINSURANCE	INFLATION GUARD
BUILDING	\$ 3,202,603	RC*	90%	0.0%
*Replacement Cost				

Other coverage extensions apply and may be changed by an endorsement. Please read the policy.



POLICY NUMBER: I-680-2980M602-ACJ-11

EFFECTIVE DATE: 05-13-11

ISSUE DATE: 03-31-11

LISTING OF FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS

THIS LISTING SHOWS THE NUMBER OF FORMS, SCHEDULES AND ENDORSEMENTS BY LINE OF BUSINESS.

* IL TO 25 08 01 RENEWAL CERTIFICATE
* MP TO 01 02 05 BUSINESSOWNERS COVERAGE PART DECS
* IL T8 01 01 01 FORMS, ENDORSEMENTS AND SCHEDULE NUMBERS
IL T3 15 09 07 COMMON POLICY CONDITIONS
* IL TO 20 02 05 ADDITIONAL LOCATIONS

BUSINESSOWNERS

* MP T1 30 02 05 TBL OF CONT-BUSINESSOWNERS COV-DELUXE
MP T1 02 02 05 BUSINESSOWNERS PROPERTY COV-SPEC FORM
MP T1 03 02 05 AMENDATORY PROVISIONS-CONDOMINIUM
MP T3 25 01 08 TERRORISM RISK INS ACT OF 2002 NOTICE
MP T3 50 11 06 EQUIP BREAKDOWN SERV INTERRUPTION LIM
MP T3 56 02 08 AMENDATORY PROVISIONS-GREEN BLD
* MP T1 82 02 05 CAUSES OF LOSS - EARTHQUAKE
MP T3 23 08 06 FUNGUS,WET ROT,DRY ROT CAUSE OF LOSS CHG
MP T9 70 03 06 POWER PAC ENDORSEMENT
* MP T5 34 05 10 UTAH CHANGES

COMMERCIAL GENERAL LIABILITY

CG TO 34 11 03 TABLE OF CONTENTS
CG TO 59 10 91 TABLE OF CONTENTS DIR & OFFICERS
CG 00 01 10 01 COMMERCIAL GENERAL LIABILITY COV FORM
CG D2 37 11 03 EXCLUSION-REAL ESTATE DEV ACTIVITIES
CG D2 55 11 03 AMENDMENT OF COVERAGE - POLLUTION
CG D3 09 11 03 AMEND ENDT-PRODUCTS-COMPLETED OPR HAZARD
CG 21 70 01 08 CAP ON LOSSES-CERTIFIED ACTS-TERRORISM
* CG D0 28 10 91 DIR & OFFICERS LIAB END COMMUNITY ASSOC
CG D0 37 04 05 OTHER INSURANCE-ADDITIONAL INSUREDS
CG D2 03 12 97 AMEND-NON CUMULATION OF EACH OCC
CG D2 34 01 05 WEB XTEND - LIABILITY
* MP T1 25 11 03 HIRED AUTO AND NON-OWNED AUTO LIAB
CG D2 43 01 02 FUNGI OR BACTERIA EXCLUSION
CG D2 56 11 03 AMENDMENT OF COVERAGE
CG D2 88 11 03 EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG D3 26 01 04 EXCLUSION-UNSOLICITED COMMUNICATIONS
CG D3 56 01 05 MOBILE EQUIP/EXCL VEHICLES SUB TO MV LAW
CG D0 76 06 93 EXCLUSION-LEAD
CG D1 42 01 99 EXCLUSION-DISCRIMINATION
CG D2 42 01 02 EXCLUSION WAR
CG T4 78 02 90 EXCLUSION-ASBESTOS
CG T3 33 11 03 LIMIT WHEN TWO OR MORE POLICIES APPLY
CG 01 86 12 04 UTAH CHANGES

* TEXT IN THIS FORM HAS CHANGED, OR THE FORM WAS NOT ON POLICY BEFORE.

ADDITIONAL LOCATIONS
CONDOMINIUM PAC

POLICY NO.: I-680-2980M602-ACJ-11
ISSUE DATE: 03-31-11

**THIS SCHEDULE OF LOCATIONS AND BUILDINGS APPLIES
TO THE COMMON DECLARATIONS FOR THE PERIOD**

05-13-11 to 05-13-12

PREMISES LOCATION NUMBER	BUILDING NUMBER	OCCUPANCY	ADDRESS	
01	01	CONDO 1-4	4539 SOUTH 1800 WEST ROY	UT 84067
01	02	CONDO 1-4	4539 SOUTH 1800 WEST ROY	UT 84067
01	03	CONDO 5-12	4539 SOUTH 1800 WEST ROY	UT 84067
01	04	CONDO 5-12	4539 SOUTH 1800 WEST ROY	UT 84067
01	05	CONDO 5-12	4500 SOUTH 1845 WEST ROY	UT 84067
01	06	CONDO 5-12	4500 SOUTH 1845 WEST ROY	UT 84067





BUSINESSOWNERS



TABLE OF CONTENTS
BUSINESSOWNERS COVERAGE PART
DELUXE PLAN

The following indicates the contents of the principal forms which may be attached to your policy. It contains no reference to the Declarations or Endorsements which also may be attached.

BUSINESSOWNERS PROPERTY COVERAGE
SPECIAL FORM MP T1 02

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAUSES OF LOSS – EARTHQUAKE

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

A. SCHEDULE

Policy Occurrence Limit \$ 7,500,000 Annual Aggregate Limit \$ 7,500,000

Prem. Loc. No.	Bldg. No.	Deductible %	Prem. Loc. No.	Bldg. No.	Deductible %	Prem. Loc. No.	Bldg. No.	Deductible %
01	01	5%	01	02	5%	01	03	5%
01	04	5%	01	05	5%	01	06	5%

B. COVERED CAUSES OF LOSS

The following modifies:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

Covered Causes of Loss and "specified cause of loss" are revised to include the following as Covered Causes of Loss only for Covered Property at the Premises Location/Building number(s) shown in the Schedule above:

1. Earthquake, meaning a shaking or trembling of the earth's crust, caused by underground volcanic or tectonic forces or by breaking or shifting of rock beneath the surface of the ground from natural causes.
2. Volcanic eruption, meaning the eruption, explosion or effusion of a volcano.

All earthquake shocks or volcanic eruptions that occur within any 168-hour period will constitute a single Earthquake or Volcanic Eruption. The expiration of this policy will not reduce the 168-hour period. We will not pay for loss or damage caused by or resulting from earthquakes or volcanic eruptions which began before the effective date of this policy.

C. ADDITIONAL EXCLUSIONS AND LIMITATIONS

1. The following EXCLUSIONS are added as respects coverage provided by this endorsement:

We will not pay under this endorsement for loss or damage caused directly or indirectly by the following, regardless of any other cause or event that contributes concurrently or in any sequence to the loss:

- a. Fire;
- b. Explosion; or
- c. Flood, waves, tides, tidal waves, mudslide or mudflow, release of water impounded by a dam or water or sewage that backs up or overflows from a sewer, drain or sump, even if caused by an Earthquake or Volcanic Eruption.

2. We will not pay for the cost of restoring or remediating land or for loss resulting from the time required to restore or remediate land.
3. The following LIMITATION is added as respects coverage provided by this endorsement:

We will not pay for loss or damage to exterior masonry veneer (except stucco) on wood frame walls caused by or resulting from Earthquake or Volcanic Eruption. The value of such veneer will not be included in the value of Covered Property or the amount of loss when applying the Deductible applicable to this endorsement.

This limitation does not apply if less than 10% of the total outside wall area is faced with masonry veneer (excluding stucco).



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UTAH CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS PROPERTY COVERAGE SPECIAL FORM

A. Paragraph F.1. Concealment, Misrepresentation Or Fraud condition is replaced by the following:

Concealment, Misrepresentation or Fraud

Subject to Utah Code Section 31A-21-105, this policy may be voided in the event of fraud or misrepresentation by you relating to:

1. This policy;
2. The Covered Property;
3. Your interest in the Covered Property; or
4. A claim under this policy.

B. Other Insurance

Paragraph **F.2. Other Insurance** in the **Commercial Property Conditions** is replaced by the following:

If there is other insurance covering the same loss or damage, other than that described in the paragraph above, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance. But we will not pay more than the applicable Limit of Insurance.

C. Paragraph F.4. Legal Action Against Us Property Loss Condition is replaced by the following:

Legal Action Against Us

No one may bring legal action against us under this policy unless the action is brought within 3 years after the date on which the direct physical loss or damage occurred.

D. Paragraphs E.3.a.(2), E.3.a.(7) and E.3.a.(8) Duties In The Event Of Loss Or Damage condition is revised as follows:

- (2) Give prompt notice of the loss or damage to us or our agent. Include a description of the property involved.

One means you may use to fulfill this requirement is mailing the notice to us, postage

prepaid, through first class mail deposited in a United States Post Office.

- (7) For loss or damage from other than "employee dishonesty" or "forgery" or alteration, send us a signed, sworn proof of loss containing the information we request to settle the claim. We will supply you with the necessary forms.

You must send the proof of loss within 60 days after our request. Failure to send the requested proof of loss within 60 days does not invalidate your claim, if you show that it was not reasonably possible to do so and also show that you submitted the proof of loss to us as soon as reasonably possible.

One means you may use to send the requested proof of loss is mailing it to us, postage prepaid, through first class mail deposited in a United States Post Office.

- (8) For loss or damage resulting from "employee dishonesty" or "forgery" or alteration, give us a detailed, sworn proof of loss within 120 days after you discover a loss or situation that may result in loss of or damage to Covered Property. We will supply you with the necessary forms.

Failure to submit the requested proof of loss within 120 days does not invalidate your claim, if you show that it was not reasonably possible to do so and that you submitted the proof of loss to us as soon as reasonably possible.

You may fulfill this requirement by mailing the proof of loss to us, postage prepaid, through first class mail deposited in a United States Post Office.



GENERAL LIABILITY



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DIRECTORS AND OFFICERS LIABILITY ENDORSEMENT COMMUNITY ASSOCIATIONS

THIS ENDORSEMENT PROVIDES CLAIMS MADE COVERAGE. DEFENSE COSTS ARE INCLUDED WITHIN THE LIMITS OF INSURANCE. PLEASE READ THE ENTIRE FORM CAREFULLY.

DECLARATIONS:

- 1. Named Insured:
HEREFORDSHIRE CONDOMINIUM
- 2. Address: C/O WELCH RANDALL/BRIAN MORRIS
5300 ADAMS AVENUE PKWY
OGDEN UT 84405-6902
- 3. Coverage Period: 05-13-11 to 05-13-12
- 4. Limit of Insurance: \$ 1,000,000 Each Claim
\$ 1,000,000 Aggregate
- 5. Premium: \$ INCLUDED
- 6. Special Provisions, if any:

Throughout this endorsement the words "you" and "your" refer to the Named Insured shown in Item 1 of the Declarations above, and any other person or organization qualifying as a Named Insured under this endorsement. The words "we," "us" and "our" refer to the Company providing this insurance. The word "insured" means any person or organization qualifying as such under SECTION II – WHO IS AN INSURED.

PROVISIONS

**I. Insuring Agreement – Directors and Officers
Condominium and Community Associations
Liability**

A. We will pay those sums that the insured becomes legally obligated to pay as compensatory damages because of any "wrongful act" to which this insurance applies. We will have the right and duty to defend any "suit" seeking those damages. We may at our discretion investigate any "wrongful act" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay is limited as described in LIMITS OF INSURANCE (Section III); and
- (2) Our right and duty to defend end when we have used up the applicable limit of insurance by any payment, including but

not limited to any payment toward judgment, settlement or "defense expense."

- B. This insurance applies to "wrongful acts" committed at any time prior to the end of the coverage period, but only if:
 - (1) The "wrongful act" took place in the "coverage territory"; and
 - (2) A claim for compensatory damages because of the "wrongful act" is first made against any insured, in accordance with paragraph C. below, during the coverage period or any Extended Reporting Period we provide under CONDITIONS – Extended Reporting Period (Section IV).
- C. A claim by a person or organization seeking compensatory damages will be deemed to have been made at the earlier of the following times:

justment, defense and appeal of a claim, "suit" or proceeding arising in connection therewith, if incurred by us or by an insured with our written consent.

- E. "Personal injury means injury, other than "bodily injury," arising out of one or more of the following offenses:
 - 1. False arrest, detention or imprisonment;
 - 2. Malicious prosecution;
 - 3. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies by or on behalf of its owner, landlord or lessor;
 - 4. Oral or written publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services; or
 - 5. Oral or written publication of material that violates a person's right of privacy.
- F. "Property damage" means:

- 1. Physical injury to tangible property, including all resulting loss of use of that property;
 - 2. Loss of use of tangible property that is not physically injured; or
 - 3. Diminution of property value.
- G. "Suit" means a civil proceeding in which damages because of a "wrongful act" to which this insurance applies are alleged. "Suit" includes:
 - 1. An arbitration proceeding in which such damages are claimed and to which you must submit or do submit with our consent; or
 - 2. Any other alternative dispute resolution proceeding in which such damages are claimed and to which you submit with our consent.
 - H. "Wrongful act" means any actual or alleged error, mistake, misstatement or misleading statement, act, omission or neglect or breach of duty by any insured.



- f. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - g. Anyone other than your "employees", partners, a lessee or borrower or any of their "employees", while moving property to or from a "hired auto" or a "nonowned auto"; or
3. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under 1. or 2. above.

D. AMENDED DEFINITIONS

The Definition of "insured contract" of **Section V – Definitions** is amended by the addition of the following exceptions to paragraph f.:

Paragraph f. does not include that part of any contract or agreement:

- (4) That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
- (5) That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

E. ADDITIONAL DEFINITIONS

Section V – Definitions is amended by the addition of the following definitions:

- 1. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
- 2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include:
 - a. Any "auto" you lease, hire or rent under a lease or rental agreement for a period of 180 days or more, or
 - b. Any "auto" you lease, hire, rent or borrow from any of your "employees", partners, stockholders, or members of their households.
- 3. "Nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business at the time of an "occurrence". This includes "autos" owned by your "employees" or partners or members of their households but only while being used in the course and scope of your business at the time of an "occurrence".

If you are a sole proprietor, "nonowned auto" means any "autos" you do not own, lease, hire, rent or borrow that are being used in the course and scope of your business or personal affairs at the time of an "occurrence".



IMPORTANT NOTICE – INDEPENDENT AGENT AND BROKER COMPENSATION

NO COVERAGE IS PROVIDED BY THIS NOTICE. THIS NOTICE DOES NOT AMEND ANY PROVISION OF YOUR POLICY. YOU SHOULD REVIEW YOUR ENTIRE POLICY CAREFULLY FOR COMPLETE INFORMATION ON THE COVERAGES PROVIDED AND TO DETERMINE YOUR RIGHTS AND DUTIES UNDER YOUR POLICY. PLEASE CONTACT YOUR AGENT OR BROKER IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR ITS CONTENTS. IF THERE IS ANY CONFLICT BETWEEN YOUR POLICY AND THIS NOTICE, THE PROVISIONS OF YOUR POLICY PREVAIL.

For information about how Travelers compensates independent agents and brokers, please visit www.travelers.com, call our toll-free telephone number 1-866-904-8348, or request a written copy from Marketing at One Tower Square, 2GSA, Hartford, CT 06183.





IMPORTANT INFORMATION FOR MASTER PAC POLICYHOLDERS

Dear Policyholder:

Enclosed is your Travelers Master Pac Renewal Certificate. An asterisk on the Listing of Forms, Endorsements and Schedule Numbers, IL T8 01, indicates forms that are included with this year's renewal. Any forms previously attached to your policy that are not shown on that listing no longer apply.

Please put the Certificate and the attached forms with your policy as soon as possible. If you have misplaced your policy, please contact your agent for a copy.



