



PHONE (575) 257-4651
(800) 876-4651
FAX (575) 257-9395

October 10, 2011

Whispering Bluff Condo Assn.
Box 2978
Ruidoso, NM 88355

RE: CPA425265115

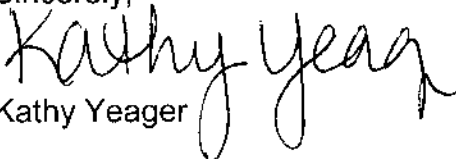
Dear Lynn:

Thank you for allowing High Country Agency the opportunity to serve you. The renewal of your Package policy is enclosed. We ask that you please take time to 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. We would be glad to review this policy with you.

Should it be necessary to make a change on this policy or file a claim, please contact our office.

We hope that you will keep in mind that High Country Agency handles a full line of property and casualty, life, health and retirement insurance for both individuals and businesses. A no obligation quotation is as close as a phone call away.

Sincerely,


Kathy Yeager



PHONE (575) 257-4651
(800) 876-4651
FAX (575) 257-9395

CONSUMER PRIVACY STATEMENT JULY 30, 2004

Purpose of this notice:

The Graham-Leach-Bliley Act requires High Country Insurance Agency to provide you with our privacy policy & practices.

Information we collect:

We collect on the customer information necessary to handle your insurance needs. The information collected generally varies depending on the insurance product you request, and may include the following:

- Information we receive from you on applications or other forms such as your name, address, Social Security number or Federal ID number.
- Your transaction with us such as claims information and payment history.
- Information we receive from a consumer-reporting agency such as your credit score, **not** actual history or list of credit transactions.
- Information we receive from the medical information bureau.
- Updated information from your insurance company pertaining to your account or policy.

Our use of your personal information:

We trust your information with respect and concern for your privacy. We **do not** disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law.

For example, we may share any or all of your information with our insurance companies. When we make this type of disclosure it is done to service your account or policy, or to inform you about insurance products and services. Before disclosing your information, we require these companies to keep it confidential and use it only for the transaction we request.

Protecting your personal information from unauthorized access:

We limit employee access to customer information to those employees with a legitimate business reason for such access. We maintain physical, electronic and procedural safeguards to protect your personal information from being accessed by unauthorized persons.

Your medical information:

We obtain medical information only in connection with specific products or claims. We will not use or share personal identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account, or as otherwise disclosed to you when the information is collected.

You can depend on us:

We consider it our privilege to serve your insurance and financial needs and we value the trust you have placed in us. Your privacy is a top priority and thus we will continue to protect and respect that privacy. We will **not** sell information about you to others, and we never will!

HIGH COUNTRY AGENCY, INC.

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the Act), that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term act of terrorism means any act that is certified by the Secretary of the Treasury in concurrence with the Secretary of State, and the Attorney General of the United States to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Coverage under your _____ NEW Or X RENEWAL policy is affected as follows:

You should know that where coverage is provided by this policy for losses resulting from certified acts of terrorism, such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the act, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers liability for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

For property located in standard fire policy states there are state statutory exceptions covering certain fire losses if you decline coverage for acts of terrorism defined under the Act. If an act of terrorism certified under the act results in fire, we are required to pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to covered property and is subject to any limitations of any terrorism exclusion, or inapplicability or omission of a terrorism exclusion. This notice does not serve to create coverage for any loss which would otherwise be excluded under your policy.

The portion of your premium that is attributable to coverage for direct loss or damage that is caused by an act of terrorism certified under the act and where fire ensues in a statutory standard fire policy state (fire following terrorism) is \$ 0.00, and does not include any charges for the portion of losses covered by the United States Government under the Act. Note, this premium is applied to your policy regardless if you accept or decline coverage for acts of terrorism below.

Acceptance or Rejection of Terrorism Insurance Coverage

<input type="checkbox"/>	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act for acts of terrorism as defined by the Act, for a prospective premium of \$ 67.00 (including the fire following premium above) .
<input type="checkbox"/>	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicants Signature

Print Name

Date

Acadia Insurance Company

Insurance Company

CPA 4252651 - 15

Quotation/ Policy Number

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Whispering Bluff Condo Association
CPA 4252651 - 15
10/02/2011

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act, as amended, (the "Act"), is included in your policy. You are hereby notified that under the Act the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Act contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism as defined in the Act, is \$ 67 and does not include any charges for the portion of losses covered by the United States Government under the Act.

Name of Insurer: Acadia Insurance Company
Policy Number: CPA 4252651 - 15

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Whispering Bluff Condo Association
CPA 4252651 - 15
10/02/2011

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Name of Insurer: Acadia Insurance Company
Policy Number: CPA 4252651 - 15

PRIVACY NOTICE

Acadia Insurance Company (the "Company"), a member company of the W.R. Berkley Corporation ("Berkley") group of companies and each other member of the Berkley group of companies ("Affiliates") understands our customers' concern about privacy of their information collected by the Company. Our Company is dedicated to protecting the confidentiality and security of nonpublic personal information we collect about our customers in accordance with applicable laws and regulations. This notice refers to the Company by using the terms "us," "we," or "our." This notice describes our privacy policy and describes how we treat the nonpublic personal information about our customers that we receive from them ("Information").

Why We Collect and How We Use Information.

We collect and use Information for business purposes with respect to our insurance products and services and other business relations involving our customers. We gather this Information to evaluate your request for insurance, to evaluate your insurance claims, to administer, maintain, or review your insurance policy, and to process your insurance transactions. We also accumulate certain information about you as may be required or permitted by law.

Your insurance agent or broker also collects this Information and may use it to help with your overall insurance program or to market additional products and services to you. We may also use Information to offer you other products or services that we or our Affiliates provide.

How We Collect Information.

Most Information collected by us is provided by you or your insurance agent or broker to us. We obtain Information from (i) applications or other forms submitted by you, your insurance agent or broker or your authorized representatives to us and our Affiliates, and (ii) your transactions with us or our Affiliates. We may also obtain Information from other sources such as (i) consumer reporting agencies, (ii) other institutions or information services providers, (iii) employers, (iv) other insurers, or (v) your family members.

Information We Disclose

We disclose any Information which we believe is necessary to conduct our business as permitted by applicable law or where required by applicable law. This disclosure may include (i) Information we receive from you on applications or other forms provided to us and our Affiliates, such as names, addresses, social security numbers, assets, employer information, salaries, etc. (ii) Information about your transactions with us and our Affiliates, such as policy overages, premiums, payment history, etc., and (iii) Information we receive from a consumer reporting agency, such as credit worthiness and credit history.

To Whom We Disclose Information

We may, as permitted or required by applicable law, disclose your Information to nonaffiliated third parties, such as (i) your insurance agent or broker, (ii) independent claims adjusters, (iii) insurance support organizations, (iv) processing companies, (v) actuarial organizations, (vi) law firms, (vii) other insurance companies involved in an insurance transaction with you, (viii) law enforcement, regulatory, or governmental agencies, (ix) courts or parties therein pursuant to a subpoena or court order, (x) businesses with whom we have a marketing agreement, or (xi) our Affiliates.

We may share Information with our Affiliates so that they may offer you products and services from the Berkley group of companies or to analyze our book of business and to consolidate necessary information. We do not disclose Information to other companies or organizations not affiliated with us for the purpose of using Information to sell their products or services to you. For example, we do not sell your name to unaffiliated mail order or direct marketing companies.

How We Protect Information

We require our employees to protect the confidentiality of Information as required by applicable law. Access to Information by our employees is limited to administering, offering, servicing, processing or maintaining of our products and services. We also maintain physical, electronic and procedural safeguards designed to protect Information. When we share or provide Information to other persons or organizations, we contractually obligate them, if required by law, to treat Information as confidential and conform to our privacy policy and applicable laws and regulations.

Correction and Access to Information

Upon our receipt of your written request to us at P.O. Box 152180, Irving, TX 75015-2180, we will, generally, make available Information for your review. If you believe the Information we have about you is incorrect or inaccurate, you may request that we make any necessary corrections, additions or deletions. If we agree with your belief, we will correct our records if required by applicable law. If we do not agree, you may submit to us a short statement of dispute, which we will include in any future disclosure by us of such Information if required by applicable law.

Requirements for Privacy Notice

This privacy notice is being provided due to recently enacted federal and state laws and regulations establishing new privacy standards and requires us to provide this privacy policy. For additional information regarding our privacy policy, please write to us at P.O. Box 152180, Irving, TX 75015-2180.

Adopted: June 1, 2001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE TO POLICYHOLDER FUNGI OR BACTERIA (MOLD) EXCLUSION

This notice has been prepared in conjunction with the implementation of an additional exclusion endorsement which may not have been part of your previous policy. It contains a brief summary of any significant restrictions of coverage that have been made in each of the policy forms shown below. Not every form or endorsement shown below may be applicable to your policy.

This notice is a summary only. No coverage is provided by this summary, nor can it be construed to replace any provision of the actual endorsement or your policy. If there is a conflict between the endorsement or policy provisions and this summary, **THE ENDORSEMENT AND POLICY PROVISIONS SHALL PREVAIL.** Please read your policy, and the endorsements attached to your policy, carefully.

CG 21 67, Fungi Or Bacteria Exclusion (Commercial General Liability Coverage Form)

CG 31 31, Fungi Or Bacteria Exclusion (Owners And Contractors Protective Liability Coverage Form; or Products/Completed Operations Liability Coverage Form)

CG 32 10, Louisiana Changes - Fungi Or Bacteria Exclusion (Commercial General Liability Coverage Form)

CG 33 56, Louisiana Changes - Fungi Or Bacteria Exclusion (Owners And Contractors Protective Liability Coverage Form; or Products/Completed Operations Liability Coverage Form)

When any of these endorsements is attached to your policy:

1. Coverage is excluded for bodily injury, property damage, and personal and advertising injury which would not have occurred or taken place, in whole or in part, but for the actual, alleged or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, any "fungi" or bacteria on or within a building or structure, including its contents, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage; and
2. Coverage is excluded for any loss, cost or expense arising out of the abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of, "fungi" or bacteria, by any insured or by any other person or entity.

This exclusion does not apply to any "fungi" or bacteria that are, are on, or are contained in, a good or product intended for bodily consumption.

As used in the exclusion, "fungi" means any type or form of fungus, including mold or mildew and any mycotoxins, spores, scents or by-products produced or released by fungi.

Please refer to endorsement for the complete text of the exclusion.

**PLEASE CONSULT YOUR AGENT FOR ASSISTANCE WITH QUESTIONS
REGARDING THESE CHANGES OR OTHER INSURANCE MATTERS**

Policy No.: CPA 4252651 15

Account Number: 02778

Policy Period: 10/02/2011 to 10/02/2012

Named Insured Name and Address
Whispering Bluff Condo Association
Box 2978
Ruidoso, NM 88355

Agency Name and Address 02778
575-257-4651
High Country Agency, Inc
706 Mechem
Ruidoso, NM 88345

Dear Policyholder:

We are required by New Mexico State Law to notify you of certain premium modifications that have been applied to your policy. Premium modifications may be applied as credits and/or debits to your insurance premium. The experience modification is based on your past loss experience, while the schedule modification reflects the positive or negative characteristics of your operation. Both modify the basic premiums that apply to your business.

The experience modification and/or the schedule modifications applied to your policy premiums are shown below. Also shown is a breakdown of the risk characteristics and factors used that result in the schedule rating modification.

COMMERCIAL PROPERTY				Total Modification Factor:		<u>1.08</u>
Management	<u>8.00</u>	%	Location	<u>0.00</u>	%	Building Features _____ %
Premises & Equipment	_____	%	Employees	_____	%	Protection _____ %

COMMERCIAL GENERAL LIABILITY				Total Experience Modification Factor:		<u>1.00</u>
				Total Schedule Modification Factor:		<u>0.97</u>
Management	<u>-3.00</u>	%	Location	_____	%	Building Features _____ %
Premises & Equipment	_____	%	Employees	_____	%	Protection _____ %

Your business is appreciated!

- **A Member of the W.R. Berkley Corporation**
 - *Among the largest commercial lines writers in the U.S.*
 - *One of the 50 largest financial companies in the U.S.*
- **Financial Stability**
 - *Union Standard Insurance is rated A+ Superior by A.M Best due to our group's solid investments, reserves, underwriting results and growth.*
 - *S&P has rated Union Standard with an A+ as well.*
- **Best of US Service**
 - *Committed to doing the little things, as well as the big things, right the first time.*
 - *Long term strategy is built around relationships and service.*
 - *Strong local presence in each of our markets.*
- **Local Loss Control**
 - *By utilizing **Industry Consensus Standards, Codes, & Best Practices**, our services can range from an overall survey of your work environment to a job process study that will target a specific operation.*
 - *There is no "canned" approach to the services we offer.*
 - *Our intent is to respond to your individual needs.*
- **Superior Claim Service**
 - *Our first Guiding Principal is to "Do the right thing".*

- *We are uncompromising about integrity.*
- *In our dealings with others we will treat them as we would like to be treated.*

Direct Bill payment options:

Payment Plan	Description
1-Pay	1 Payment of 100%
2-Pay	50% Down + 1 installment (month 6)
3-Pay	33% Down + 2 installments (months 3 & 5)
4-Pay	25% Down + 3 installments (months 4,7 and 10)
9-Pay	25% Down + 8 installments (months 2 - 9)
10-Pay	20% Down + 9 installments (months 2 - 10)
10-Pay	10% Down + 9 installments (months 2 - 10)
Monthly	20% Down + 10 installments (months 2 - 11)
EFT (Electronic Draft)	20% Down + 11 installments (months 2 - 12). Insured's choice of withdrawal date between 1st and 27th.

Note: \$5.00 service fee will be added to each Direct Bill installment, except EFT.

* Union Standard Insurance Group is comprised of the following member insurers:
 Acadia Insurance Company, Continental Western Insurance Company, Firemen's Insurance Company of Washington, D.C., Union Insurance Company and Union Standard Lloyds.