



CIC 00323 51 70 82A

WILLIAM T UHL  
626 FRANKLIN ST  
DENVER CO 80218-3626

EFFECTIVE: 04-18-23 TO: 03-27-24

### **IMPORTANT MESSAGES**

Attached are your policy documents and other information you may find helpful concerning your insurance coverages and premiums. Please take a few minutes to review them, and then file them with your policy records.

- 1) Go to [usaa.com](http://usaa.com) to view policy coverages and home features.

**THIS IS NOT A BILL.** Any premium charge or return for this policy will be reflected on your next regular monthly statement. To receive this document and others electronically or to view your policy summary online, go to [usaa.com](http://usaa.com). You may also contact us at 1-800-531-USAA (8722).

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USAA Casualty Insurance Company  
A Stock Company  
9800 Fredericksburg Road - San Antonio, Texas 78288  
**AMENDED DECLARATIONS PAGE - EFFECTIVE 04/18/23**  
Attach This Declarations To Previous Policy

**Named Insured and Described Location**

Policy Number  
CIC 00323 51 70 82A

JODIE UHL AND WILLIAM T UHL  
40343 COUNTY RD 68  
STEAMBOAT SPRINGS, ROUTT, CO 80487-0000

Policy Period From: 03/27/23 To: 03/27/24  
(12:01 AM standard time at location of the Described Location)

<b>(Coverages described in this policy are provide ONLY where limits are shown below.)</b>	
<b>SECTION I – COVERAGES AND AMOUNTS OF INSURANCE</b>	
COVERAGE A - DWELLING	\$379,000
COVERAGE B - OTHER STRUCTURES	\$37,900
<b>SECTION II – COVERAGES AND LIMITS OF LIABILITY</b>	
COVERAGE L - PERSONAL LIABILITY - EACH OCCURRENCE	\$1,000,000
COVERAGE M - MEDICAL PAYMENTS TO OTHERS	\$5,000
<b>DEDUCTIBLES (Applies to SECTION I Coverages ONLY)</b>	
We cover only that part of the loss over the deductible stated.	
WIND AND HAIL	\$2,000
ALL OTHER PERILS	\$2,000
<b>POLICY PREMIUM for Section I and Section II Coverages Above</b>	<b>\$1,114.05</b>
<b>CREDITS AND DISCOUNTS</b> (Included in policy premium above) Details on the following page.	\$2,218.89 CR
<b>OTHER COVERAGES AND ENDORSEMENTS</b> Forms and Endorsements are printed on the following page.	
<b>STATE SURCHARGES AND TAXES</b> (shown below if applicable) Surcharges are printed on the following page.	
<b>TOTAL POLICY PREMIUM</b> Including Credits, Discounts, Optional Coverages, Optional Endorsements, Surcharges and Taxes.	<b>\$1,114.05</b>
THIS IS NOT A BILL.	

In witness whereof, this policy is signed on 04/17/23

Kelly Armstrong, Corporate Secretary

Randy Termeer, President

**REFER TO YOUR POLICY FOR OTHER COVERAGES, LIMITS AND EXCLUSIONS.**

USAA Casualty Insurance Company  
AMENDED DECLARATIONS PAGE - EFFECTIVE 04-18-23

**Policy Number:**  
CIC 00323 51 70 82A

**Policy Period:**  
**Inception**  
03/27/23

**Expiration**  
03/27/24

**POLICY AND ENDORSEMENTS THAT ARE PART OF YOUR CONTRACT WITH US.**

REMAIN IN EFFECT (Refer to prior Policy Packet(s) for documents not attached.):

QRDP3	(08-13)	QUICK REFERENCE - SPECIAL FORM
DP-3	(08-13)	RENTAL PROPERTY INSURANCE - SPECIAL FORM
DP-CO	(08-16)	COLORADO SPECIAL PROVISIONS
DP-HS	(04-18)	SHARING ECONOMY ENDORSEMENT
DP-WDSM	(06-16)	WILDFIRE RESPONSE PROGRAM ENDORSEMENT
DP-UC	(08-13)	DWELLING UNDER CONSTRUCTION
CHANGED:		
DP-41	(08-13)	ADDITIONAL INSURED ENDORSEMENT

**YOUR PREMIUM HAS BEEN REDUCED BY THE FOLLOWING CREDITS AND DISCOUNTS:**

HOME AGE DISCOUNT	\$2,036.47 CR
CLAIMS FREE DISCOUNT	\$123.79 CR
MULTI-PRODUCT DISCOUNT	\$58.63 CR

**REASON(S) FOR CHANGE:**

CHANGE: PROPERTY LOCATION  
ADDITIONAL INSURED

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED**

In consideration of the person or organization shown in this endorsement having met and complied with our acceptability requirements, this endorsement forms a part of the policy.

The definition of “insured” in this policy includes the person or organization named in this endorsement with respect to the coverages indicated below:

- SECTION I (Designated Location only) COVERAGE A – Dwelling
- SECTION I (Designated Location only) COVERAGE B – Other Structures
- SECTION I – COVERAGE C – Personal Property applies only when the additional insured shown below is a resident of the “member’s” household.
- SECTION II (Designated Location only) COVERAGE L – Personal Liability and COVERAGE M – Medical Payments to Others but only with respect to the designated location shown in this endorsement.
- SECTION II – COVERAGE L – Personal Liability and COVERAGE M – Medical Payments to Others.

This coverage does not apply to “bodily injury” to any employee arising out of, or in the course of the employee’s employment by the person or organization named in this endorsement.

The person or organization named in this endorsement is not responsible for the payment of any premiums. Any premiums returned and any dividend we may declare will be paid to the “member”.

The “member” is authorized to act for the person or organization shown in this endorsement in all matters pertaining to this insurance.

This endorsement is added at the request of the “member”. Coverage under this endorsement does not grant membership or associate membership or grant or imply eligibility for membership or associate membership.

If this policy is canceled or not renewed by us, the person or organization shown in this endorsement will be notified at least 10 days before the date cancellation or nonrenewal takes effect. This cancellation notice will be delivered or mailed to the address shown on this endorsement.

Except as specifically modified in this endorsement, all provisions of the policy to which this endorsement is attached also apply to this endorsement.

**Name and Address of Person or Organization:**  
ROUTT COUNTY BOARD OF COUNTY COMMISSIONERS  
COMMISSIONERS  
522 LINCOLN AVE STE 30  
STEAMBOAT SPR CO 80487-0300

**Interest:** CITY/MUNICIPALITY

**Designated Location:** 40343 COUNTY RD 68

STEAMBOAT SPRINGS, ROUTT  
CO 80487-0000

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**WORKERS' COMPENSATION NOTICE**

Most states now require employers to carry Workers' Compensation coverage for their employees. In a number of states this coverage applies to household workers, gardeners and even baby-sitters. The employer usually becomes liable to the employee for the protection after the employee has earned a certain minimum salary or worked a certain minimum number of hours per week/per quarter. You should consult the appropriate agency below for the requirements in your state.

We do not write Workers' Compensation in your state. Your current policy does not provide Medical Payments or Liability coverage for injury to an employee who is or is supposed to be covered by Workers' Compensation. This should not alarm you, however, since Workers' Compensation coverage can be obtained separately from another company or agency. Contact the department listed below for guidance in purchasing your Workers' Compensation coverage.

**REMEMBER**, you do not have to give up your present insurance with us in order to purchase Workers' Compensation coverage from another source.

**ALASKA**

Workmen's Compensation Division  
Department of Labor  
P.O. Box 25512  
Juneau, AK 99802-5512

**HAWAII**

Disability Compensation Division  
Department of Labor and Industrial Relations  
P.O. Box 3769  
Honolulu, HI 96812

**COLORADO**

Workers' Compensation Section  
Division of Labor  
1120 Lincoln St., 14th Floor  
Denver, CO 80203

**IOWA**

Division of Industrial Services, Department of  
Employment Services  
1000 E. Grand Avenue  
Des Moines, IA 50319

**CONNECTICUT**

Workers' Compensation Commission  
1890 Dixwell Avenue  
Hamden, CT 06514

**KANSAS**

Division of Workers' Compensation  
Department of Human Resources  
600 Merchants Bank Tower  
800 SW Jackson  
Topeka, KS 66612-1227

**DELAWARE**

Industrial Accident Board  
State Office Building, 6th Floor  
820 North French Street  
Wilmington, DE 19801

**KENTUCKY**

Department of Workers' Claims  
Perimeter Park West  
1270 Louisville Rd, Building C  
Frankfort, KY 40601

**DISTRICT OF COLUMBIA**

DC Department of Employment Services  
Labor Standards Bureau  
Office of Workers' Compensation  
64 New York Avenue, NE, 2nd floor  
Washington, DC 20002

**MARYLAND**

Workers' Compensation Commission  
 6 North Liberty Street  
 Baltimore, MD 21201

**MASSACHUSETTS**

Department of Industrial Accidents  
 600 Washington St., 7th Floor  
 Boston, MA 02111

**MICHIGAN**

Bureau of Workers' Disability Compensation  
 Department of Labor  
 P.O. Box 30016  
 201 North Washington Square  
 Lansing, MI 48909

**MINNESOTA\***

Workers' Compensation Division  
 Department of Labor and Industry  
 443 Lafayette Road  
 St. Paul, MN. 55155

**OHIO**

Workers' Compensation Board  
 30 West Spring Street  
 Columbus, OH 43266-0581

**OKLAHOMA**

Oklahoma Workers' Compensation Court  
 1915 N. Stiles  
 Oklahoma City, OK 73105

**SOUTH CAROLINA**

Workers' Compensation Commission  
 1612 Marion St  
 P.O. Box 1715  
 Columbia, SC 29202

**SOUTH DAKOTA**

Division of Labor and Management  
 Department of Labor  
 Kneip Building, Third Floor  
 700 Governors Drive  
 Pierre, SD 57501-2277

**UTAH**

Industrial Commission  
 160 East 300 South  
 Salt Lake City, UT 84111

- \* BE ADVISED that your policy only applies to injuries received by employees excluded from coverage by the Workers' Compensation statutes under Minn. Stat. 176.041, Subd. 1. You may be liable for any claims or expenses occurring outside of the Coverage of this policy. As an employer you may be subject to liability for lost wages, medical payments, rehabilitation for work related injuries, as well as additional amounts in penalties if workers' compensation coverage is required and no policy has been obtained. Also you may be penalized up to \$1,000 per week per employee for any period of non-insurance pursuant to Minn. Stat. 176.181, Subd. 3.

