



PO Box 819  
 Appleton, WI 54912-0819  
 (920) 739-3161

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
**Common Policy**  
 QUOTATION

**QUOTE NO. 20-CP-005000078-0**

**ACCOUNT NUMBER: 5000078**

**NAMED INSURED AND MAILING ADDRESS**

LAUGHING BUCK FARM LLC  
 3724 N COUNTY ROAD 13  
 FORT COLLINS, CO 80524

**AGENCY AND MAILING ADDRESS**

050132

FUSA-ROE AGENCY  
 829 MAIN ST STE 2  
 LONGMONT, CO 80501  
 (303) 684-9034

**POLICY PERIOD:** FROM 10/01/2022 TO 10/02/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

**QUOTATION ONLY – NOT A POLICY**  
**THIS QUOTATION IS VALID FOR 60 DAYS AND IS SUBJECT TO A SATISFACTORY INSPECTION.**

**THE NAMED INSURED IS:** Special Events

**BUSINESS DESCRIPTION:** Dances with liquor on premises

**PROGRAM:** Special Events

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

<b>THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT</b>	
	<b>PREMIUM</b>
COMMERCIAL PROPERTY	\$ Not Covered
COMMERCIAL GENERAL LIABILITY	\$ 840
COMMERCIAL CRIME AND FIDELITY	\$ Not Covered
COMMERCIAL INLAND MARINE	\$ Not Covered
EMPLOYMENT PRACTICES LIABILITY	\$ Not Covered
CYBER SECURITY	\$ Not Covered
ESTIMATED POLICY PREMIUM	\$ 840
ESTIMATED POLICY TOTAL	\$ 840.00

**This is not a bill - Invoice to follow.**

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
**Common Policy**  
QUOTATION

**QUOTE NO. 20-CP-005000078-0**  
**INSURED: LAUGHING BUCK FARM LLC**

**EFFECTIVE DATE: 10/01/2022**  
**AGENCY: FUSA-ROE AGENCY**

**FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS**

See Forms Schedule

**NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.**

**THESE DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.**

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
**Commercial General Liability Coverage Part**  
 QUOTATION

**QUOTE NO. 20-CP-005000078-0**

**ACCOUNT NUMBER: 5000078**

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LAUGHING BUCK FARM LLC  
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IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

**COMMERCIAL GENERAL LIABILITY COVERAGE**

LIMITS OF INSURANCE		
GENERAL AGGREGATE LIMIT	\$2,000,000	
PRODUCTS – COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000	
PERSONAL INJURY & ADVERTISING INJURY LIMIT	\$1,000,000	
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT	EXCLUDED	ANY ONE PERSON

**LIQUOR LIABILITY COVERAGE**

LIMITS OF INSURANCE	
EACH COMMON CAUSE LIMIT	\$1,000,000
AGGREGATE LIMIT	\$1,000,000

**SPECIAL EVENT LIABILITY COVERAGE**

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
**Commercial General Liability Coverage Part**  
 QUOTATION

**QUOTE NO.** 20-CP-005000078-0  
**INSURED:** LAUGHING BUCK FARM LLC

**EFFECTIVE DATE:** 10/01/2022  
**AGENCY:** FUSA-ROE AGENCY

EVENT START DATE	EVENT END DATE	EVENT NAME
10/01/2022	10/01/2022	Community Barn Dance

ALL PREMISES YOU OWN, RENT OR OCCUPY:	
LOC	ADDRESS
1	Laughing Buck Farm 3724 N County Road 13, Fort Collins, CO 80524
2	Sarah Houde 1030 Windcrest Ln, Fort Collins, CO 80524
3	Lauren Patterson 1142 Windcrest Ln, Fort Collins, CO 80524

**STATE:** CO

CLASSIFICATION							
LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE
1	Special Event Group II under 500	20027	Per Event	1	386.548	Included	
1	Special Events Liquor Liability	77168	Gross Sales	1,000			24.231

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
**Commercial General Liability Coverage Part**  
 QUOTATION

**QUOTE NO. 20-CP-005000078-0**  
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**EFFECTIVE DATE: 10/01/2022**  
**AGENCY: FUSA-ROE AGENCY**

POLICY OPTIONAL COVERAGES		
COVERAGE	LIMIT	FORM
Employment- Related Practices Exclusion	View Form	CG2147
Amendment of Insured Contract Definition	View Form	CG2426
Limitation Of Coverage To Designated Premises Or Project	View Form	CG2144
Exclusion Fungi or Bacteria Communicable Disease Exclusion	View Form	CG2167
Contractual Liability Limitation	View Form	CG2132
Additional Insured - Managers Or Lessors Of Premises	View Form	CG2139
Exclusion - Liquor Liability	View Form	CG2011
Exclusion Amusement Devices	View Form	SGE 2103
Excess Provision	View Form	SGE 2106
Abuse Or Molestation Exclusion	View Form	SGE 2401
Exclusion - Coverage C - Medical Payments	View Form	CG2146
Limitation Of Coverage To Insured Premises	View Form	CG2135
		CG 2806

TERRORISM COVERAGE IS ACCEPTED ANNUAL CHARGE IS \$ 3

PREMIUM	
COMMERCIAL GENERAL LIABILITY ADVANCE PREMIUM	\$ 840

THE ENTIRE PREMIUM SHOWN IS FULLY EARNED. FORM ILE 7002 APPLIES.

**FORMS AND ENDORSEMENTS**

**APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:**

See Forms Schedule

**NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.**

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
**Commercial General Liability Coverage Part**  
QUOTATION

**QUOTE NO. 20-CP-005000078-0**  
**INSURED: LAUGHING BUCK FARM LLC**

**EFFECTIVE DATE: 10/01/2022**  
**AGENCY: FUSA-ROE AGENCY**

**THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.**



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SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
 FORM SCHEDULE

**QUOTE NO. 20-CP-005000078-0**

**ACCOUNT NUMBER: 5000078**

**NAMED INSURED AND MAILING ADDRESS**

**AGENCY AND MAILING ADDRESS** 050132

LAUGHING BUCK FARM LLC  
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INTERLINE FORMS		APPLICABLE COVERAGE PARTS
CG 2170 0115	Cap On Losses From Certified Acts of Terrorism	General Liability
CG 2176 0115	Exclusion of Punitive Damages Related To A Certified Act of Terrorism	General Liability
CG 2187 0115	Conditional Exclusion Of Terrorism (Relating to Disposition of Federal Terrorism Risk Insurance Act)	General Liability
CG2169 0102	War Or Terrorism Exclusion	General Liability
IL0017 1198	Common Policy Conditions	General Liability
IL0021 0908	Nuclear Energy Liability Exclusion Endorsement (Broad Form)	General Liability
ILE 0020 2101	SECURA Insurance Mutual Holding Company Participation Provisions	General Liability
ILE 0195 1301	Asbestos Exclusion	General Liability
ILE 0196 1301	Lead Liability Exclusion	General Liability
ILE 1002 1910	Company Contact Information - Policyholder Notice	General Liability
ILE 4000 1204	Liberalization	General Liability
ILE 7002 1001	Fully Earned Premium	General Liability
ILE 0197 1301	Punitive Damages Exclusion	General Liability
ILE 0465 1301	Two or More Coverage Forms or Policies Issued by Us	General Liability
PLI 2020 2101	Notice Regarding Your Policies With SECURA	General Liability

SECURA Insurance Company  
**COMMERCIAL PROTECTION POLICY**  
 FORM SCHEDULE

**QUOTE NO. 20-CP-005000078-0**  
**INSURED: LAUGHING BUCK FARM LLC**

**EFFECTIVE DATE: 10/01/2022**  
**AGENCY: FUSA-ROE AGENCY**

<b>INTERLINE FORMS</b>		<b>APPLICABLE COVERAGE PARTS</b>
PLI 4001 2101	Disclosure Pursuant To Terrorism Risk Insurance Act Terrorism Coverage Notice	General Liability
SGE 2103 1301	Exclusion - Liquor Liability	General Liability
SGE 2106 1301	Exclusion - Amusement Devices	General Liability
SIE 1200 1001	Non-Renewable Policy	General Liability
IL0125 1113	Colorado Changes - Civil Union	General Liability
IL0228 0907	Colorado Changes - Cancellation And Nonrenewal	General Liability

<b>COMMERCIAL GENERAL LIABILITY FORMS</b>	
CG0001 1207	Commercial General Liability Coverage Form
CG0033 1207	Liquor Liability Coverage Form
CG0068 0509	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG0300 0196	Deductible Liability Insurance
CG0305 0196	Deductible Liability Insurance
CG2011 0196	Additional Insured - Managers Or Lessors Of Premises-1
CG2011 0196	Additional Insured - Managers Or Lessors Of Premises-2
CG2101 1185	Exclusion - Athletic Or Sports Participants
CG2132 0509	Communicable Disease Exclusion
CG2135 1001	Exclusion - Coverage C - Medical Payments
CG2139 1093	Contractual Liability Limitation
CG2144 0417	Limitation Of Coverage To Designated Premises, Project Or Operation
CG2146 0798	Abuse Or Molestation Exclusion
CG2147 1207	Employment-Related Practices Exclusion
CG2162 0998	Exclusion - Year 2000 Computer-Related and Other Electronic Problems - With Exception for Bodily Injury on Your Premises
CG2167 1204	Fungi Or Bacteria Exclusion
CG2426 0704	Amendment Of Insured Contract Definition
CG2806 0196	Limitation Of Coverage To Insured Premises
CGE 1000 1801	General Liability Amendatory
SGE 2401 1001	Excess Provision
SGE 1050 1001	Special Event Liability Amendatory



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

## DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

Coverage	SCHEDULE	Amount and Basis of Deductible	
		PER CLAIM	or PER OCCURRENCE
Bodily Injury Liability OR		\$	\$
Property Damage Liability OR		\$250	\$
Bodily Injury Liability and/or Property Damage Liability Combined		\$	\$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**APPLICATION OF ENDORSEMENT** (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for all "bodily injury" and "property damage", however caused):

- A.** Our obligation under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.
- B.** You may select a deductible amount on either a per claim or a per "occurrence" basis. Your selected deductible applies to the coverage option and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:
  - 1. PER CLAIM BASIS.** If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies as follows:
    - a.** Under Bodily Injury Liability Coverage, to all damages sustained by any one person because of "bodily injury";
    - b.** Under Property Damage Liability Coverage, to all damages sustained by any one person because of "property damage"; or
    - c.** Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages sustained by any one person because of:
      - (1)** "Bodily injury";
      - (2)** "Property damage"; or
      - (3)** "Bodily injury" and "property damage" combined
  - as the result of any one "occurrence".** If damages are claimed for care, loss of services or death resulting at any time from "bodily injury", a separate deductible amount will be applied to each person making a claim for such damages. With respect to "property damage", person includes an organization.

**2. PER OCCURRENCE BASIS.** If the deductible amount indicated in the Schedule above is on a "per occurrence" basis, that deductible amount applies as follows:

- a. Under Bodily Injury Liability Coverage, to all damages because of "bodily injury";
- b. Under Property Damage Liability Coverage, to all damages because of "property damage"; or
- c. Under Bodily Injury Liability and/or Property Damage Liability Coverage Combined, to all damages because of:
  - (1) "Bodily injury";
  - (2) "Property damage"; or
  - (3) "Bodily injury" and "property damage" combined

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

**C.** The terms of this insurance, including those with respect to:

- 1. Our right and duty to defend the insured against any "suits" seeking those damages; and
- 2. Your duties in the event of an "occurrence", claim, or "suit"

apply irrespective of the application of the deductible amount.

**D.** We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

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

## DEDUCTIBLE LIABILITY INSURANCE

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE PART

### SCHEDULE

**Location 1**

**Coverage**

Liquor Liability

**Amount and Basis of Deductible**  
PER CLAIM or PER COMMON CAUSE

\$ 250

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**APPLICATION OF ENDORSEMENT** (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductibles apply to damages for "injury", however caused): –

- A. Our obligation under the Liquor Liability Coverage to pay damages on your behalf applies only to the amount of damages in excess of any deductible amount stated in the Schedule above.
- B. You may select a deductible amount on either a per claim or a per common cause basis. Your selected deductible applies to the Liquor Liability Coverage and to the basis of the deductible indicated by the placement of the deductible amount in the Schedule above. The deductible amount stated in the Schedule above applies as follows:
  - 1. **PER CLAIM BASIS.** If the deductible amount indicated in the Schedule above is on a per claim basis, that deductible applies under Liquor Liability Coverage, to all "injuries" sustained by any one person or organization.
  - 2. **PER COMMON CAUSE BASIS.** If the deductible amount indicated in the Schedule above is on a per common cause basis, that deductible amount applies under Liquor Liability Coverage to all damages because of "injury" as the result of the selling, serving or furnishing of any alcoholic beverage to any one person, regardless of the number of persons or organizations who sustain damages.
- C. The terms of this insurance, including those with respect to:
  - 1. Our right and duty to defend the insured against any "suit" seeking those damages; and
  - 2. Your duties in the event of an "injury", claim or "suit"
 apply irrespective of the application of the deductible amount.
- D. We may pay any part or all of the deductible amount to effect settlement of any claims or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.



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

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (Additional Insured):
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

**SUPPLEMENTAL FORM DECLARATION FOR CG2011 0196**

**ADDITIONAL INSURED – MANAGERS OR LESSORS OF  
PREMISES**

**SCHEDULE**

Designation of Premises (Part Leased to You):	1030 Windcrest Ln, Fort Collins, CO 80524
Name of Person or Organization (Additional Insured):	Sarah Houde
Additional Premium:	\$ 100

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

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (Additional Insured):
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

**SUPPLEMENTAL FORM DECLARATION FOR CG2011 0196**

**ADDITIONAL INSURED – MANAGERS OR LESSORS OF  
PREMISES**

**SCHEDULE**

Designation of Premises (Part Leased to You):	1142 Windcrest Ln, Fort Collins, CO 80524
Name of Person or Organization (Additional Insured):	Lauren Patterson
Additional Premium:	\$ 100



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

**EXCLUSION – COVERAGE C – MEDICAL PAYMENTS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>Description And Location Of Premises Or Classification:</b>  <b>All Locations and Operations</b></p>          
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any premises or classification shown in the Schedule:

- 1. Section I – Coverage C – Medical Payments does not apply and none of the references to it in the Coverage Part apply; and

- 2. The following is added to Section I – Supplementary Payments:

- h. Expenses incurred by the insured for first aid administered to others at the time of an accident for "bodily injury" to which this insurance applies.

