

EMPLOYERS MUTUAL CASUALTY COMPANY

B U S I N E S S O W N E R S D E C L A R A T I O N S

POLICY PERIOD: FROM 07/15/13 TO 07/15/14

* POLICY NUMBER *
* 4 W 9 - 7 1 - 3 7 ---14 *

N A M E D I N S U R E D :

P R O D U C E R :

TJ LIQUOR LLC
5158 CENTENNIAL BLVD
COLORADO SPRINGS CO 80919-4401INSURANCE ONE, INC
6751 ACADEMY RD NE STE D
ALBUQUERQUE NM 87109-3376

DIRECT BILL

AGENT: AJ 5002
AGENT PHONE: 505-888-6333

INSURED IS:LLC

Business Desc: RETAIL SALES OF ALCOHOL

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

P R O P E R T Y - Businessowners Coverage Form

Refer to SECTION I-PROPERTY in the Businessowners Coverage Form and Any
Schedule or Endorsements Attached.

L I A B I L I T Y & M E D I C A L P A Y M E N T S

Except for Damage to Premises Rented to You, Each Paid Claim for the
Following Coverages Reduces the Amount of Insurance We Provide During
the Policy Period. Refer To SECTION II-LIABILITY in the Businessowners
Coverage Form, the Following Schedule and Any Attached Endorsements.

Limits of Insurance

Liability and Medical Expenses (Each Occurrence)	\$ 1,000,000
Medical Expenses (Per Person)	\$ 5,000
Other Than Products/Completed Operations Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Damage to Premises Rented to You (Any One Premises)	\$ 300,000

P R O P E R T Y L I A B I L I T Y & M E D I C A L P A Y M E N T S

The following Optional Coverages/Endorsements (and/or applicable limits)
modifies insurance provided under Section I - Property and/or Section II
Liability of the Businessowners Coverage Form.

Expanded Businessowners Enhancement Endorsement

See BP7200

*Businessowners Premium \$ 3376.00

*THE ABOVE PREMIUM MAY BE AN ADVANCE PREMIUM AND SUBJECT TO FINAL AUDIT (AND
HAS BEEN AFFECTED BY THE FOLLOWING MODIFICATION FACTORS:
(Burglar Alarm Modification, Number Of Stories Modification))

DATE OF ISSUE: 07/29/13 (BPP)

(CONTINUED)

FORM: BP7000A ED. 01-10 BPP 07/15/13 008 PI 4W97137 1401

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EMPLOYERS MUTUAL CASUALTY COMPANY
TJ LIQUOR LLCPOLICY NO: 4W9-71-37---14
EFF DATE: 07/15/13 EXP DATE: 07/15/14

B U S I N E S S O W N E R S D E C L A R A T I O N S

FORMS APPLICABLE:

BP0003(01/10)*, BP0181(07/02)*, BP0430(01/06)*, BP0489(01/10)*,
BP0523(01/08)*, BP0542(01/08)*, BP7001.2A(10/05)*, BP7001.3A(01/10)*,
BP7001.4A(01/10)*, BP7001A(01/10)*, BP7003(01/10)*, BP7110(01/10)*,
BP7135(08/08)*, BP7172(08/08)*, BP7197(08/08)*, BP7200(08/10)*,
BP7330(08/08)*, BP8065(07/13)*, IL7004(12/12)*, IL7028(10/05)*,
IL7130A(04/01)*, IL7131A(04/01)*, IL7137(01/08)*, IL7213(04/10)*,
IL7215(04/10)*, IL7602(01/99)*, IL8383.2(01/08)*, IL8384A(01/08)*,
IL8576(09/09)*

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07/15/13

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EMPLOYERS MUTUAL CASUALTY COMPANY
TJ LIQUOR LLC

POLICY NO: 4W9-71-37---14
TRANSACTION: NEW-01

TRANSACTION INFORMATION

POLICY TERM: 07/15/2013 TO 07/15/2014
ACCOUNT NAME: TJ LIQUOR LLC
ACCOUNT MAILING STATE: CO
FINANCING: N
SIC: 5921
ACCOUNT ORIGINAL EFF DATE: 07/15/2013

TRANS DATE: 07/15/2013
CO/BR/AGENT: A/J/5002
PROGRAM:
BILLING METHOD: D (CDB)
PROFIT SHARE: Y
TYPE OF POLICY: N/A

TRANS PREMIUM: 3,376.00

POLICY ID: AG COMMISSION: 20.0%

PREMIUM: 3,376.00

ACCOUNT DOMICILE STATE: CO

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EMPLOYERS MUTUAL CASUALTY COMPANY

POLICY NUMBER: 4W9-71-37---14

TJ LIQUOR LLC

EFF DATE: 07/15/13

EXP DATE: 07/15/14

B U S I N E S S O W N E R S P O L I C Y
D E C L A R A T I O N S

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ENDORSEMENT SCHEDULE

FORM	EDITION DATE	DESCRIPTION/ADDITIONAL INFORMATION	PREMIUM
*BP0003	01-10	BUSINESSOWNERS COVERAGE FORM	
*BP0181	07-02	COLORADO CHANGES	
*BP0430	01-06	PROTECTIVE SAFEGUARDS	
*BP0489	01-10	LIQUOR LIABILITY COVERAGE LIQUOR LIABILITY AGGREGATE LIMIT \$ 2,000,000 EACH COMMON CAUSE LIMIT \$ 1,000,000	
*BP0523	01-08	CAP/LOSSES/CERTIFD ACTS OF TERRORISM	
*BP0542	01-08	EXCL OF PUNITIVE DAMAGES FOR TERRORI	
*BP7001.2A	10-05	BOP SCHEDULE-MISC PROP POL LEVEL COV	
*BP7001.3A	01-10	BOP SCHEDULE-SEC II-LIAB AND MED PAY	
*BP7001.4A	01-10	BOP SCHEDULE-MISC LIAB POL LEVEL COV	
*BP7001A	01-10	BOP AUTOMATED SCHEDULE	
*BP7003	01-10	BOP QUICK REFERENCE	
*BP7110	01-10	SPOILAGE COVERAGE	
*BP7135	08-08	LEAD EXCLUSION	
*BP7172	08-08	CONTINUOUS/PROGRESSIVE INJURY EXCLUS	
*BP7197	08-08	EQUIPMENT BREAKDOWN ENDORSEMENT	
*BP7200	08-10	EXPANDED BUSINESSOWNERS EXT END	
*BP7330	08-08	MOBILE EQUIPMENT AUTO AMENDMENT	
*BP8065	07-13	IMPORTANT NOTICE TO POLICYHOLDER	
*IL7004	12-12	MUTUAL POLICY PROVISIONS	
*IL7028	10-05	ASBESTOS EXCLUSION	
*IL7130A	04-01	NAMED INSURED ENDORSEMENT	
*IL7131A	04-01	COMM'L POLICY ENDORSEMENT SCHEDULE	
*IL7137	01-08	EXCL MIXED DUST PNEUMOCONIOSIS	
*IL7213	04-10	EMPLOYMENT PRACTICES LIAB INS COV	
*IL7215	04-10	EMPLOYMENT PRACTICES LIAB EXCLUSIONS	
*IL7602	01-99	COLORADO COMPANY ELIMINATION	
*IL8383.2	01-08	DISCL PURSUANT TERRSM RISK INS. ACT	\$ 19
*IL8384A	01-08	TERRORISM NOTICE	
*IL8576	09-09	MEDICARE IMPT NOTICE TO POLICYHOLDER	

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EMPLOYERS MUTUAL CASUALTY COMPANY
TJ LIQUOR LLC

POLICY NUMBER: 4W9-71-37---14
EFF DATE: 07/15/13 EXP DATE: 07/15/14

T E R R O R I S M N O T I C E

This insurance may include coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended.

Attached you will find a disclosure, which identifies the specific charge for certified acts of terrorism.

YOU MAY HAVE THE OPTION TO REJECT THIS TERRORISM COVERAGE

For additional information, please contact your agent

EMPLOYERS MUTUAL CASUALTY COMPANY
TJ LIQUOR LLCPOLICY NUMBER: 4W9-71-37---14
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This disclosure is attached to your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act. This disclosure does not grant any coverage or change the terms and conditions of any coverage under the policy.

DISCLOSURE PURSUANT TO
TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$19.00

A. DISCLOSURE OF PREMIUM:

In accordance with the Federal Terrorism Risk Insurance Act we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorism acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the schedule of this disclosure or in the policy Declarations.

B. DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. CAP ON INSURER PARTICIPATION IN PAYMENT OF TERRORISM LOSSES:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

THE FOLLOWING STATEMENT IS REQUIRED TO BE PART OF THE DISCLOSURE NOTICE IN MISSOURI:

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully, but generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Act. Some losses resulting from certified acts of terrorism are not covered.

Read your policy and endorsements carefully.

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EMPLOYERS MUTUAL CASUALTY COMPANY

N A M E D I N S U R E D E N D O R S E M E N T

POLICY PERIOD: FROM 07/15/13 TO 07/15/14

* POLICY NUMBER *
* 4 W 9 - 7 1 - 3 7 ---14 *

N A M E D I N S U R E D :

P R O D U C E R :

TJ LIQUOR LLC
5158 CENTENNIAL BLVD
COLORADO SPRINGS CO 80919-4401

INSURANCE ONE, INC
6751 ACADEMY RD NE STE D
ALBUQUERQUE NM 87109-3376

DIRECT BILL

AGENT: AJ 5002
AGENT PHONE: 505-888-6333

T H I S E N D O R S E M E N T C H A N G E S T H E P O L I C Y .
P L E A S E R E A D I T C A R E F U L L Y .

* ENDORSEMENT EFFECTIVE DATES: 07/15/13 TO 07/15/14 *

IT IS HEREBY AGREED AND UNDERSTOOD THAT THE NAMED INSURED
IS AMENDED TO READ AS FOLLOWS:

1ST NAMED INSURED:
TJ LIQUOR LLC

PLACE OF ISSUE: PEORIA, AZ

DATE OF ISSUE: 07/29/13

FORM: IL7130A (ED. 04-01)

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EMPLOYERS MUTUAL CASUALTY COMPANY
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EFF DATE: 07/15/13 EXP DATE: 07/15/14B U S I N E S S O W N E R S S C H E D U L E
S E C T I O N I P R O P E R T Y-----
LOC 001
5158 CENTENNIAL BLVD
COLORADO SPRINGS, CO
80919-4401

Deductibles: Property-\$ 1,000 Spoilage-\$500

For Inspection Contact: AVTAR SINGH 505-908-0474 Agt: N

COVERAGE(S) AT LOCATION SHOWN ABOVE

BUILDING NUMBER 001

Description:
01 STORY JSTD MASONRY
BLDG IN PROT CLASS 02Occupancy:
LIQUOR STORE

Protective Safeguards: CENTRAL STATION ALARM AND SPRINKLERED

Coverage	Limit of Insurance	Spec* Ints	Optional Coverages/Endorsements
BUSINESS PERSONAL PROPERTY	\$ 400,000		Replacement Cost
SPOILAGE	\$ 25,000		Refrigeration Maintenance Agreement Applies

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EMPLOYERS MUTUAL CASUALTY COMPANY
TJ LIQUOR LLCPOLICY NO: 4W9-71-37---14
EFF DATE: 07/15/13 EXP DATE: 07/15/14BUSINESS OWNERS SCHEDULE
MISCELLANEOUS PROPERTY
POLICYLEVEL COVERAGES

Coverage

Limits of Insurance

EQUIPMENT BREAKDOWN

See BP7197

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BUSINESS OWNERS SCHEDULE
SECTION II LIABILITY AND
MEDICAL PAYMENTS

Classification/Exposure Basis	Exposure	Rate	Premium
Location 001 Liquor Liability - Annual Gross Liquor Sales \$ 450,000			
Building 001 59215-Beverage Stores - Liquor and- Wine	\$ 400,000	0.338	\$ 1,352
Exposure Basis: Limit of Insurance			

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M I S C E L L A N E O U S L I A B I L I T Y
P O L I C Y L E V E L C O V E R A G E S

Coverage	Limit of Insurance	Premium
EMPLOYMENT PRACTICES LIABILITY (PORTFOLIO) DEDUCTIBLE \$10,000 NUMBER OF EMPLOYEES 1 THIRD PARTY VIOLATIONS: NO ORIGINAL INCEPTION DATE 07/15/2013	\$ 100,000 Aggregate	\$ 36

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