

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XY502101

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-119-153 64

NAMED ANTLEERS GULCH TOWNHOMES ASSOCIATION
INSURED

MAILING C/O KEY TO THE ROCKIES
ADDRESS C/O KEY TO THE ROCKIES
23024 US HIGHWAY 6 STE 202
KEYSTONE, CO 80435-7725

POLICY PERIOD FROM 02-19-2008 TO 02-19-2009
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

SECTION I PROPERTY

ALL PROPERTY COVERAGES ARE SUBJECT TO THE FOLLOWING:

COVERED CAUSES OF LOSS SPECIAL - RISK OF DIRECT PHYSICAL LOSS

COVERAGE	LIMIT OF INSURANCE	PREMIUM
OPTIONAL COVERAGE EMPLOYEE DISHONESTY	\$10,000	\$156.00

COVERAGE PROVIDED. BLANKET INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 001
LOCATION 63 SCR #188
KEYSTONE CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 2001
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 311

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 67 SCR #188
KEYSTONE CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE

AGENT 167-307
LESLIE A WIESE
PO BOX 24359
SILVERTHORNE, CO 80497-4359

PHONE
970-668-6600

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BRANCH HNC003 RENW
ENTRY DATE 12-06-2007

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POLICY PROPERTY DEDUCTIBLE \$2,500

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
SEWER BACKUP AND SUMP OVERFLOW DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	\$9,978,933	\$4,669.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$30,610	\$14.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

OTHER COVERAGES OR OPTIONS	LIMIT OF INSURANCE	PREMIUM
SEWER BACKUP AND SUMP OVERFLOW	\$5,000	\$290.00
ORDINANCE OR LAW COVERAGE	SEE BP 04 46	\$646.00

Property forms and endorsements applying to this premises and made part of this policy at time of issue:
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 04 30 01 06 BP 04 46 01 06 BP 84 09 01 07 BP 84 11 07 98

MORTGAGEHOLDER	LOAN NO.	3060786757	PREMISE NO.	BUILDING NO.
WASHINGTON MUTUAL BANK ITS SUCCESSORS AND/OR ASSIGNS ATIMA INSURANCE CENTER PO BOX 100590 FLORENCE, SC 29501-0590			0005	001

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$5.00

TOTAL ADVANCE PROPERTY PREMIUM \$5,880.00

Property forms and endorsements applying to all premises and made part of this policy at time of issue:
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BP 06 01 01 07 BP 83 01 07 98 BP 83 02 01 07 BP 84 04 01 07
BP 85 11 01 07

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BP AF 01 09 06

INSURED

Stock No. 15141

05XY50210100000000000040470375

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SECTION II LIABILITY AND MEDICAL EXPENSES

Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$50,000
LIABILITY AND MEDICAL EXPENSES	\$2,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0002 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0003 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0004 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0005 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	6 UNITS		\$35.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS		\$35.00
PREMISES NO. 0003 BUILDING NO. 001	6 UNITS		\$35.00
PREMISES NO. 0004 BUILDING NO. 001	5 UNITS		\$29.00
PREMISES NO. 0005 BUILDING NO. 001	6 UNITS		\$35.00

CERTIFIED ACTS OF TERRORISM \$5.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$7.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$181.00

Liability forms and endorsements applying to all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 04 02 01 06	BP 04 17 07 02	BP 04 39 07 02	BP 04 54 01 06
BP 04 93 01 06	BP 05 17 01 06	BP 05 77 01 06	BP 05 98 01 06
BP 10 05 07 02	BP 84 24 01 07	BP 85 04 07 98	BP 85 05 07 98CO

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BP 85 10 07 98

BP 85 12 01 06

IL 75 26 12 05

TOTAL ADVANCE BUSINESS PREMIUM

\$6,061.00

This premium may be subject to adjustment.

Forms and endorsements applying to property and liability at all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP IN 01 01 06

BP 00 03 01 06

BP 01 81 07 02

BP 05 01 07 02

BP 05 31 11 02

BP 05 39 12 02

BP 05 64 01 07

BP 05 71 01 07

BP 80 01 01 07

BP 87 01 01 07

AUTHORIZED REPRESENTATIVE

Jack Sabrowski
President

James F. Edrington
Secretary

COUNTERSIGNED

LICENSED RESIDENT AGENT

05XY50210100000000000060470375

AGENT 167-307

LESLIE A WIESE

PO BOX 24359

SILVERTHORNE, CO 80497-4359

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