

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XK197301

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-783-776 90

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1984
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 299

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
LOCATION 20 COVE BLVD
DILLON, CO 80435-8424

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 299

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001
LOCATION 16 COVE BLVD
DILLON, CO 80435-8424

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 299

CERTIFIED ACTS OF TERRORISM \$50.00

POLICY PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	\$2,525,328	\$2,441.00
BUSINESS PERSONAL PROPERTY - Blanket	\$4,000	\$4.00

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

PHONE
970-668-6600

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BRANCH BRM015 NEWB
ENTRY DATE 02-27-2007

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REPLACEMENT COST
AUTOMATIC INCREASE IN COVERAGE 4%

ADDITIONAL COVERAGE
BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED

PREMIUM
INCLUDED

OTHER COVERAGES OR OPTIONS
ORDINANCE OR LAW COVERAGE

LIMIT OF INSURANCE
SEE BP 04 46

PREMIUM
\$366.00

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 46 11 02 BP 84 10 07 98 BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$5.00

TOTAL ADVANCE PROPERTY PREMIUM \$3,012.00

Property 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 05 76 11 02 BP 83 01 07 98 BP 83 02 05 00 BP 84 04 07 98
BP 85 11 05 00

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)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$50,000
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
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

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS		\$20.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS		\$30.00

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DECLARATIONS

CUSTOMER BILLING ACCOUNT
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PREMISES NO. 0003 BUILDING NO. 001

4 UNITS

\$20.00

PREMISES NO. 0004 BUILDING NO. 001

4 UNITS

\$20.00

CERTIFIED ACTS OF TERRORISM

\$4.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$94.00

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 17 07 02	BP 04 39 07 02	BP 04 54 07 02	BP 04 93 07 02
BP 05 77 11 02	BP 10 05 07 02	BP 84 24 07 02	BP 85 04 07 98
BP 85 05 07 98CO	BP 85 10 07 98	BP 85 12 10 01	IL 75 26 12 05

TOTAL ADVANCE BUSINESS PREMIUM

\$3,106.00

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 07 02	BP 00 03 07 02	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 07 98	BP 87 01 01 06		

AUTHORIZED REPRESENTATIVE

Don R. Anderson
President

James F. Eldredge
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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