





AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER  
05XK197301

DECLARATIONS

CUSTOMER BILLING ACCOUNT  
013-783-776 90

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  
\$358.00

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 01 06                      BP 84 10 07 98                      BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES                      \$5.00

TOTAL ADVANCE PROPERTY PREMIUM                      \$2,996.00

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 06 01 01 07                      BP 83 01 07 98                      BP 83 02 01 07                      BP 84 04 01 07  
BP 85 11 01 07

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 OPERATONS)	\$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		\$18.00
PREMISES NO. 0002    BUILDING NO. 001	6 UNITS		\$27.00

AGENT 167-307	PHONE	PAGE 0003
LESLIE A WIESE	970-668-6600	BRANCH LJC015    RENW
PO BOX 24359		ENTRY DATE 12-04-2007
SILVERTHORNE, CO 80497-4359		

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BUSINESSOWNERS POLICY

POLICY NUMBER  
05XK197301

DECLARATIONS

CUSTOMER BILLING ACCOUNT  
013-783-776 90

PREMISES NO. 0003 BUILDING NO. 001

4 UNITS

\$18.00

PREMISES NO. 0004 BUILDING NO. 001

4 UNITS

\$18.00

CERTIFIED ACTS OF TERRORISM

\$4.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$85.00

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 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	BP 85 10 07 98
BP 85 12 01 06	IL 75 26 12 05		

TOTAL ADVANCE BUSINESS PREMIUM

\$3,081.00

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 Sabomel*  
President

*James F. Edmidge*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

05XK197301000000000000050451265

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

PHONE  
970-668-6600

PAGE 0004  
BRANCH LJC015 RENW  
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BP AF 01 09 06

INSURED

Stock No. 15141