

678

05XG008903 03 004 DFM010

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

POLICY NUMBER	EFFECTIVE DATE	ADD'L PREMIUM	RETURN PREMIUM	POLICY CHANGE NO.
05XG008903	02-26-2008	\$284.00		004
ISSUED TO				
MEADOW WOOD HOMEOWNERS ASSOCIATION				
AGENT 167-307			CUSTOMER BILLING ACCOUNT	013-098-737 80
LESLIE A WIESE				

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input checked="" type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input checked="" type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

THE FOLLOWING CHANGES APPLY TO ALL PREMISES:

COVERAGE

LIMIT OF INSURANCE

THE FOLLOWING IS CHANGED TO:

BUILDING - BLANKET

\$3,838,757

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 7 BUILDING NO. 1

1075 & 1079 ROYAL COACHMAN DILLON CO 80435

CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE

SECTION I PROPERTY

THE FOLLOWING IS ADDED:

DESCRIPTION OF PREMISES

PREMISES NO. 7 BUILDING NO. 1

1075 & 1079 ROYAL COACHMAN DILLON CO 80435

NUMBER OF UNITS 2

CONSTRUCTION FRAME

YEAR BUILT 2008

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 307

BUILDING INTEREST

LEASED TO OTHERS

PREDOMINANT OCCUPANCY

All other terms remain unchanged.

Page 02 of 04

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN

COURTESIGNED

Jack Schomaker
President

James F. Edmonds
Secretary

LICENSED RESIDENT AGENT

586

05XG008903 03 003 BRM015

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

POLICY NUMBER 05XG008903 EFFECTIVE DATE 02-01-2008 ADD'L PREMIUM \$316.00 RETURN PREMIUM POLICY CHANGE NO. 003 ISSUED TO MEADOW WOOD HOMEOWNERS ASSOCIATION

AGENT 167-307 LESLIE A WIESE

CUSTOMER BILLING ACCOUNT 013-098-737 80

The following item(s):

- Additional Interested Parties
Covered Property/Location Description
Insured's Name
Insured's Mailing Address
Insured's Legal Status/Business of Insured
Underlying Insurance
Policy Number
Classification/Class Codes
Coverage Forms and Endorsements
Deductibles
Limits/Exposures
Premium Determination
Rates

is (are) changed as follows:

COVERAGE

LIMIT OF INSURANCE

THE FOLLOWING IS CHANGED TO: BUILDING - BLANKET

\$3,330,757

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 6 BUILDING NO. 1 1095 & 1099 ROYAL COACHMAN DILLON, CO 80435

CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE

SECTION I PROPERTY

THE FOLLOWING IS ADDED:

DESCRIPTION OF PREMISES

PREMISES NO. 6 BUILDING NO. 1 1095 & 1099 ROYAL COACHMAN DILLON, CO 80435

NUMBER OF UNITS 2

CONSTRUCTION FRAME

YEAR BUILT 2008

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 307

BUILDING INTEREST

LEASED TO OTHERS

PREDOMINANT OCCUPANCY

All other terms remain unchanged.

Page 02 of 04

AMERICAN FAMILY MUTUAL INSURANCE COMPANY MADISON, WISCONSIN

COUNTERSIGNED

Handwritten signature of Paul Selman, President

Handwritten signature of James W. Edging, Secretary

LICENSED RESIDENT AGENT

723

05XG008903 03 002 RLG022

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

POLICY NUMBER 05XG008903 ISSUED TO MEADOW WOOD HOMEOWNERS ASSOCIATION	EFFECTIVE DATE 09-27-2007	ADD'L PREMIUM	RETURN PREMIUM \$210.00	POLICY CHANGE NO. 002
AGENT 167-307 LESLIE A WIESE			CUSTOMER BILLING ACCOUNT	013-098-737 80

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

SECTION I PROPERTY

THE FOLLOWING IS ADDED:

PROPERTY FORMS AND ENDORSEMENTS APPLYING TO THIS PREMISE:
BP 04 30 01 06 PROTECTIVE SAFEGUARDS

CHANGES APPLY TO THE FOLLOWING PREMISE:
PREMISE NO. 5 BUILDING NO. 1
1105 & 1109 ROYAL COACHMAN
DILLON, CO 80435

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES
PREMISES NO. 5 BUILDING NO. 1
YEAR BUILT 2006

All other terms remain unchanged.

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN

COUNTERSIGNED

John Sabers
President

James F. Kennedy
Secretary

LICENSED RESIDENT AGENT

546

05XG008903 03 000 UNATRE

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER

05XG008903

DECLARATIONS

CUSTOMER BILLING ACCOUNT

013-098-737 80

NAMED INSURED MEADOW WOOD HOMEOWNERS ASSOCIATION

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

POLICY PERIOD FROM 09-27-2007 TO 09-27-2008
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 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 550 552 MEADOW WOOD CIR DILLON CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 2001
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 307

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 590 596 MEADOW WOOD CIR DILLON CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 2001
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 307

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

PHONE
970-668-6600

PAGE 0001
BRANCH UNATRE REI
ENTRY DATE 06-29-2007

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05XG008903 03 000 UNATRE

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER

05XG008903

DECLARATIONS

CUSTOMER BILLING ACCOUNT

013-098-737 80

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
LOCATION 630 636 MEADOW WOOD CIR DILLON CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 2001
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 307

CERTIFIED ACTS OF TERRORISM \$41.00

POLICY PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

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

COVERAGE BUILDING - Blanket REPLACEMENT COST
LIMIT OF INSURANCE \$3,838,757
PREMIUM \$2,114.00

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

OPTIONAL COVERAGES OUTDOOR SIGNS - Blanket
LIMIT OF INSURANCE \$1,000
PREMIUM \$20.00

OTHER COVERAGES OR OPTIONS SEWER BACKUP AND SUMP OVERFLOW
LIMIT OF INSURANCE \$5,000
PREMIUM \$240.00

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 84 09 01 07 BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$5.00

TOTAL ADVANCE PROPERTY PREMIUM \$3,750.00

AGENT 167-307
LESLIE A WIESE
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PHONE 970-668-6600

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BRANCH UNATRE REI
ENTRY DATE 06-29-2007

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05XG008903 03 000 UNATRE

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER

05XG008903

DECLARATIONS

CUSTOMER BILLING ACCOUNT

013-098-737 80

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 85 11 01 07

BP 83 01 07 98

BP 83 02 01 07

BP 84 04 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.

Table with 2 columns: COVERAGE and LIMIT OF INSURANCE. Rows include AGGREGATE LIMIT, PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT, DAMAGE TO PREMISES RENTED TO YOU, and LIABILITY AND MEDICAL EXPENSES with sub-items for medical expenses.

Table with 4 columns: LOCATION, PREMIUM BASIS, RATE, and ADVANCE PREMIUM. Rows list premises numbers and building numbers with corresponding unit counts and advance premium amounts.

CERTIFIED ACTS OF TERRORISM \$3.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$53.00

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 \$3,750.00

This premium may be subject to adjustment.

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

PHONE
970-668-6600

PAGE 0003
BRANCH UNATRE REI
ENTRY DATE 06-29-2007

BP AF 01 09 08

AGENT

Stock No. 15141