

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
05 XJ2067-01

COMPANY CODE
0007-BLBK-CO

CUSTOMER BILLING ACCOUNT
012-703-352 46

NAMED INSURED RIVER MEADOWS HOA
MAILING ADDRESS 23024 US HWY 6 STE 202
KEYSTONE CO 80435-7725

POLICY PERIOD FROM 04/06/2007 TO 04/06/2008
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: TOWNHOME ASSOCIATION

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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUM \$228.00
TOTAL PREMIUM	\$228.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 00 00 05 93

AUTHORIZED REPRESENTATIVE

D. R. Anderson
President

James F. Eldridge
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

05XJ2067010000000000020210149

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

PAGE 01
BRANCH CMM 02-12
ENTRY DATE 01/12/2007

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
 05 XJ2067-01

COMPANY CODE
 0007-BLBK-CO

NAMED INSURED RIVER MEADOWS HOA
MAILING ADDRESS 23024 US HWY 6 STE 202
 KEYSTONE CO 80435-7725

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001
 43 THACKWELL LN
 KEYSTONE SUMMIT COUNTY CO 80435

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
68500	TOWNHOUSES OR SIMILAR ASSOCIATIONS (ASSOCIATION RISK ONLY) PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	14 (007)	7.156 (A)		\$100.00	
	A=EACH ONE			007=UNITS		
				BALANCE TO MINIMUM	\$128.00	
				TOTAL ADVANCE PREMIUM	\$228.00	

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 74 12 02	CG 20 17 10 93	CG 77 04 12 93	IL 00 21 07 02	CG 00 01 12 04
CG 21 50 09 89	CG 21 47 07 98	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98
CG 21 96 03 05	CG 21 67 12 04	CG 77 14 04 02	CG 00 67 03 05	IL 75 26 12 05
IL 02 28 04 06	IL 09 99 01 07	CG 21 87 01 07		

05XJ2067010000000000000040210149

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

PAGE 01
BRANCH CMM 02-12
ENTRY DATE 01/12/2007

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XJ2067-01

COMPANY CODE
0007-BLBK-CO

AUTHORIZED
REPRESENTATIVE

D. R. Anderson
President

James F. Eldridge
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

05XJ206701000000000050210149

AGENT 167-307
LESLIE A WIESE
PO BOX 24359
SILVERTHORNE

CO 80497-4359

CG AF 01 07 98

INSURED

PAGE 02
BRANCH CMM
ENTRY DATE 01/12/2007

02-12