

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER 05 XJ2067-01
COMPANY CODE 0000-BLBK-CO

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

POLICY PERIOD FROM 04/06/2006 TO 04/06/2007
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: TOWNHOME ASSOC

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.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$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


President


Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

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

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ENTRY DATE 04/26/2006

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
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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)	7.398 (A)		\$104.00	
	A=EACH ONE			007=UNITS		
				BALANCE TO MINIMUM	\$124.00	
				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	IL 75 26 01 00
CG 00 01 12 04	IL 02 28 07 02	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
IL 09 99 05 04	CG 00 67 03 05	CG 21 87 05 04		

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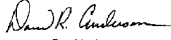
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