AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY
DECLARATIONS

POLICY NUMBER
05XY871403

CUSTOMER BILLING ACCOUNT
012-941-231 80

NAMED INSURED SNAKE RIVER VILLAGE ASSOCIATION INC

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

POLICY PERIOD FROM 09-01-2006 TO 09-01-2007
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 32 NORSE LN
KEYSTONE, CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 5
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 60 NORSE LN
KEYSTONE, CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

05XY871403000000000020410317

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

PHONE
970-668-6600

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BRANCH BJS026 RENW
ENTRY DATE 06-15-2006

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

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DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
LOCATION 67 NORSE LN
KEYSTONE, CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001
LOCATION 42 NORSE LN
KEYSTONE, CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001
LOCATION 111 NORSE LN
KEYSTONE, CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

DESCRIPTION OF PREMISES

PREMISES NO. 0006 BUILDING NO. 001
LOCATION 064 NORSE LN
KEYSTONE, CO 80435

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MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY
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POLICY NUMBER
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CUSTOMER BILLING ACCOUNT
012-941-231 80

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

DESCRIPTION OF PREMISES
PREMISES NO. 0007 BUILDING NO. 001
LOCATION 100 NORSE LN
KEYSTONE, CO 80435

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 296

CERTIFIED ACTS OF TERRORISM $144.00

POLICY PROPERTY DEDUCTIBLE $2,500

OTHER PROPERTY DEDUCTIBLE(S)
OPTIONAL COVERAGE/GLASS DEDUCTIBLE $500
SEWER BACKUP AND SUMP OVERFLOW DEDUCTIBLE $500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	$9,937,904	$7,611.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	$53,430	$39.00

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

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

OTHER COVERAGES OR OPTIONS	LIMIT OF INSURANCE	PREMIUM
SEWER BACKUP AND SUMP OVERFLOW	$5,000	$560.00

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BUSINESSOWNERS POLICY
DECLARATIONS

POLICY NUMBER
05XY871403

CUSTOMER BILLING ACCOUNT
012-941-231 80

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 07 98 BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES	$5.00
TOTAL ADVANCE PROPERTY PREMIUM	$8,379.00

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
LIABILITY AND MEDICAL EXPENSES	$2,000,000
MEDICAL EXPENSES - ANY ONE PERSON	$5,000
DAMAGE TO PREMISES RENTED TO YOU	$50,000

LOCATION	PREMIUM BASIS	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	5 UNITS	$40.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS	$48.00
PREMISES NO. 0003 BUILDING NO. 001	8 UNITS	$64.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS	$64.00
PREMISES NO. 0005 BUILDING NO. 001	6 UNITS	$48.00
PREMISES NO. 0006 BUILDING NO. 001	6 UNITS	$48.00
PREMISES NO. 0007 BUILDING NO. 001		

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AGENT 167-307
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BUSINESSOWNERS POLICY
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CUSTOMER BILLING ACCOUNT
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6 UNITS $48.00

CERTIFIED ACTS OF TERRORISM $7.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM $367.00

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 10 01

TOTAL ADVANCE BUSINESS PREMIUM $8,746.00

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 05 04	BP 05 71 05 04
BP 80 01 07 98	BP 87 01 01 06		

AUTHORIZED REPRESENTATIVE

President

Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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