

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XY871403

DECLARATIONS**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 01 07 BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES	\$5.00
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TOTAL ADVANCE PROPERTY PREMIUM	\$10,644.00
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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 OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$50,000
LIABILITY AND MEDICAL EXPENSES	\$2,000,000
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
PREM 0005 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0006 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0007 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	5 UNITS		\$42.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS		\$51.00
PREMISES NO. 0003 BUILDING NO. 001	8 UNITS		\$67.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS		\$67.00

AGENT 167-307

LESLIE A WIESE

PO BOX 24359

SILVERTHORNE, CO 80497-4359

PHONE

970-668-6600

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BRANCH HNC003 RENW

ENTRY DATE 06-08-2007

BP AF 01 09 06

INSURED

Stock No. 15141

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