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SNAKE RIVER VILLAGE ASSOCIATION INC  
C/O KEY TO THE ROCKIES  
23024 US HIGHWAY 6 UNIT 202  
KEystone, CO 80435-7793



**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XY871403**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
012-941-231 80

NAMED INSURED SNAKE RIVER VILLAGE ASSOCIATION INC

MAILING ADDRESS C/O KEY TO THE ROCKIES  
23024 US HIGHWAY 6 UNIT 202  
KEYSTONE, CO 80435-7793POLICY PERIOD FROM 09-01-2010 TO 09-01-2011  
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**

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 80435-7660BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 5  
CONSTRUCTION FRAME  
YEAR BUILT 1997  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001  
LOCATION 60 NORSE LN  
KEYSTONE, CO 80435BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 6  
CONSTRUCTION FRAME  
YEAR BUILT 1997  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318AGENT 167-307  
LESLIE A WIESE  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359PHONE  
970-668-6600PAGE 0001  
BRANCH CJW019 RENW  
ENTRY DATE 06-30-2010

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XY871403**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
012-941-231 80**DESCRIPTION OF PREMISES**PREMISES NO. 0003 BUILDING NO. 001  
LOCATION 67 NORSE LN  
KEYSTONE, CO 80435BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 8  
CONSTRUCTION FRAME  
YEAR BUILT 1997  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318**DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001  
LOCATION 42 SNAKE RIVER RD  
KEYSTONE, CO 80435BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 8  
CONSTRUCTION FRAME  
YEAR BUILT 1997  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318**DESCRIPTION OF PREMISES**PREMISES NO. 0005 BUILDING NO. 001  
LOCATION 111 NORSE LN  
KEYSTONE, CO 80435-7660BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 6  
CONSTRUCTION FRAME  
YEAR BUILT 1997  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318**DESCRIPTION OF PREMISES**PREMISES NO. 0006 BUILDING NO. 001  
LOCATION 64 SNAKE RIVER RD  
KEYSTONE, CO 80435-7847AGENT 167-307  
LESLIE A WIESE  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359PHONE  
970-668-6600PAGE 0002  
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## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

POLICY NUMBER  
05XY871403

## DECLARATIONS

CUSTOMER BILLING ACCOUNT  
012-941-231 80

BUILDING INTEREST LEASED TO OTHERS  
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
 NUMBER OF UNITS 6  
 CONSTRUCTION FRAME  
 YEAR BUILT 1997  
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

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

BUILDING INTEREST LEASED TO OTHERS  
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
 NUMBER OF UNITS 6  
 CONSTRUCTION FRAME  
 YEAR BUILT 1997  
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

CERTIFIED ACTS OF TERRORISM \$225.00

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	\$10,676,532	\$12,213.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$57,402	\$45.00

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

OPTIONAL COVERAGES	LIMIT OF INSURANCE	PREMIUM
OUTDOOR SIGNS - Blanket	\$1,000	\$19.00

OTHER COVERAGES OR OPTIONS	LIMIT OF INSURANCE	PREMIUM
WATER BACKUP AND SUMP OVERFLOW	\$5,000	\$511.00

AGENT 167-307  
 LESLIE A WIESE  
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**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

<b>APPLICABLE PROPERTY ENDORSEMENT CHARGES</b>	<b>\$5.00</b>
<b>TOTAL ADVANCE PROPERTY PREMIUM</b>	<b>\$13,018.00</b>

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**

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.

<b>COVERAGE</b>	<b>LIMIT OF INSURANCE</b>
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

<b>LOCATION</b>	<b>PREMIUM BASIS</b>	<b>RATE</b>	<b>ADVANCE PREMIUM</b>
PREMISES NO. 0001 BUILDING NO. 001	5 UNITS		\$32.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS		\$38.00
PREMISES NO. 0003 BUILDING NO. 001	8 UNITS		\$51.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS		\$51.00

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BP AF 01 07 09

INSURED

Stock No. 15141

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

POLICY NUMBER

05XY871403

## DECLARATIONS

CUSTOMER BILLING ACCOUNT

012-941-231 80

PREMISES NO. 0005 BUILDING NO. 001

6 UNITS

\$38.00

PREMISES NO. 0006 BUILDING NO. 001

6 UNITS

\$38.00

PREMISES NO. 0007 BUILDING NO. 001

6 UNITS

\$38.00

## CERTIFIED ACTS OF TERRORISM

\$7.00

## TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$293.00

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

\$13,311.00

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 01 06

BP 00 03 01 06

BP 01 81 07 02

BP 05 01 07 02

BP 05 15 01 08

BP 05 23 01 08

BP 05 38 06 08

BP 80 01 01 07

BP 87 01 01 07

AUTHORIZED  
REPRESENTATIVE  
President  
SecretaryCOUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 167-307

LESLIE A WIESE

PO BOX 24359

SILVERTHORNE, CO 80497-4359

PHONE

970-668-6600

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0005

BRANCH CJW019 RENW

ENTRY DATE 06-30-2010

BP AF 01 07 09

INSURED

Stock No. 15141

