AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XF683201

NAMED INSURED SODA CREEK CONDOMINIUM ASSOCIATION INC

MAILING ADDRESS 24 PINE BROOK RD
BOULDER, CO 80304-0478

POLICY PERIOD FROM 02-15-2005 TO 02-15-2006
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	LIMIT OF INSURANCE	PREMIUM
OPTIONAL COVERAGE		
EMPLOYEE DISHONESTY	$10,000	$60.00

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 357 COVE BLVD
DILLON, CO 80435

OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 261

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 361 COVE BLVD
DILLON, CO 80435

OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME

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AGENT 062-311
BILL M COOK
511 CROSSING DR STE 204
LAFAYETTE, CO 80026-2629

PHONE
303-448-1900
303-587-7000

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BRANCH CXP010 RENW
ENTRY DATE 11-17-2004

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

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POLICY NUMBER
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YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 261

DESCRIPTION OF PREMISES
PREMISES NO. 0003 BUILDING NO. 001
LOCATION 371 COVE BLVD
DILLON, CO 80435

OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 261

DESCRIPTION OF PREMISES
PREMISES NO. 0004 BUILDING NO. 001
LOCATION 405 COVE BLVD
DILLON, CO 80435-8435

OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 261

DESCRIPTION OF PREMISES
PREMISES NO. 0005 BUILDING NO. 001
LOCATION 411 COVE BLVD
DILLON, CO 80435-8435

OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 261

CERTIFIED ACTS OF TERRORISM $80.00

POLICY PROPERTY DEDUCTIBLE $5,000

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

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COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	$3,956,100	$4,015.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	$25,689	$25.00

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

OTHER COVERAGES OR OPTIONS	LIMIT OF INSURANCE	PREMIUM
SEWER BACKUP AND SUMP OVERFLOW	$5,000	$400.00

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 $4,585.00

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	8 UNITS	$72.00
PREMISES NO. 0002 BUILDING NO. 001	8 UNITS	$72.00
PREMISES NO. 0003 BUILDING NO. 001		

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AGENT 062-311
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	8 UNITS	$72.00
PREMISES NO. 0004 BUILDING NO. 001		
	8 UNITS	$72.00
PREMISES NO. 0005 BUILDING NO. 001		
	8 UNITS	$72.00

CERTIFIED ACTS OF TERRORISM $5.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM $365.00

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 $4,950.00

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 80 01 07 98

AUTHORIZED REPRESENTATIVE — President

Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

05XF683201000000000005039O253

AGENT 062-311
BILL M COOK
511 CROSSING DR STE 204
LAFAYETTE, CO 80026-2629

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