

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XF683201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-119-078 18

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
SEWER BACKUP AND SUMP OVERFLOW DEDUCTIBLE \$500

COVERAGE

BUILDING - Blanket
REPLACEMENT COST

LIMIT OF INSURANCE
\$4,713,970

PREMIUM
\$4,410.00

AUXILIARY BUILDINGS/STRUCTURES - Blanket
REPLACEMENT COST

\$30,610

\$24.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED

PREMIUM
INCLUDED

OTHER COVERAGES OR OPTIONS

SEWER BACKUP AND SUMP OVERFLOW

LIMIT OF INSURANCE
\$5,000

PREMIUM
\$435.00

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 01 07 BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$5.00

TOTAL ADVANCE PROPERTY PREMIUM \$5,076.00

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 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

AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)

LIMIT OF INSURANCE

\$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

AGENT 167-307

PHONE

PAGE 0003

LESLIE A WIESE

970-668-6600

BRANCH RLG022 RENW

PO BOX 24359

ENTRY DATE 12-04-2007

SILVERTHORNE, CO 80497-4359

BP AF 01 09 06

INSURED

Stock No. 15141

05XF68320100000000000040431263

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XF683201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-119-078 18

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

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	8 UNITS		\$70.00
PREMISES NO. 0002 BUILDING NO. 001	8 UNITS		\$70.00
PREMISES NO. 0003 BUILDING NO. 001	8 UNITS		\$70.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS		\$70.00
PREMISES NO. 0005 BUILDING NO. 001	8 UNITS		\$70.00

CERTIFIED ACTS OF TERRORISM \$5.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$355.00

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 \$5,431.00

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 31 11 02	BP 05 39 12 02	BP 05 64 01 07	BP 05 71 01 07
BP 80 01 01 07	BP 87 01 01 07		

AUTHORIZED REPRESENTATIVE

Jack Samuel
President

James F. Eldridge
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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

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