

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS****POLICY NUMBER**

05XF683201

CUSTOMER BILLING ACCOUNT

012-119-078 18

NAMED INSURED SODA CREEK CONDOMINIUM ASSOCIATION INC**MAILING ADDRESS** 23024 US HIGHWAY 6 UNIT 202
KEYSTONE, CO 80435-7793**POLICY PERIOD** FROM 02-15-2009 TO 02-15-2010
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	\$117.00

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 80435BUILDING 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 315**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001
LOCATION 361 COVE BLVD
DILLON, CO 80435BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE**AGENT** 167-307

LESLIE A WIESE

PO BOX 24359

SILVERTHORNE, CO 80497-4359

PHONE

970-668-6600

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NUMBER OF UNITS 8
 CONSTRUCTION FRAME
 YEAR BUILT 1997
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
 LOCATION 371 COVE BLVD
 DILLON, 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 315

DESCRIPTION OF PREMISES

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

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 315

DESCRIPTION OF PREMISES

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

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 315

CERTIFIED ACTS OF TERRORISM

\$91.00

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POLICY PROPERTY DEDUCTIBLE \$5,000**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	\$4,774,600	\$4,835.00
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AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$31,004	\$24.00
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ADDITIONAL COVERAGE**LIMIT OF INSURANCE****PREMIUM**

BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED
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OTHER COVERAGES OR OPTIONS**LIMIT OF INSURANCE****PREMIUM**

SEWER BACKUP AND SUMP OVERFLOW	\$5,000	\$420.00
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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** \$5,492.00

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**LIMIT OF INSURANCE**

AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATONS)	\$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

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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		\$58.00
PREMISES NO. 0002 BUILDING NO. 001	8 UNITS		\$58.00
PREMISES NO. 0003 BUILDING NO. 001	8 UNITS		\$58.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS		\$58.00
PREMISES NO. 0005 BUILDING NO. 001	8 UNITS		\$58.00

CERTIFIED ACTS OF TERRORISM \$5.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$295.00

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 \$5,787.00

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

Jack S. Brownell
President

James F. Edridge
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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

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