

+0000267 167-307  
SODA CREEK CONDOMINIUM ASSOCIATION INC  
23024 US HIGHWAY 6 UNIT 202  
KEYSTONE, CO 80435-7793

**AMERICAN FAMILY INSURANCE GROUP**

6000 AMERICAN PKWY  
MADISON, WI 53783-0001  
(608) 249-2111

11-20-2009

SODA CREEK CONDOMINIUM ASSOCIATION INC  
23024 US HIGHWAY 6 UNIT 202  
KEYSTONE, CO 80435-7793

**Policy Number: 05XF683201**

Dear Policyholder:

American Family has sorted recyclables, promoted ride-share programs, used energy-efficient lighting in its offices and carried out many other environmentally friendly practices for years. Now, we're building on that foundation and taking another step toward being more "green."

To achieve this "green" goal, we are streamlining the information you'll receive when your policy renews. Instead of receiving a complete copy of your policy, you'll simply receive a declaration stating your current limits and coverage. This will help our environment by saving more than 6 million pieces of paper per year!

You will continue to receive copies of forms and endorsements that have been revised since your last renewal. Unless replaced by new forms and endorsements, these documents remain in effect at each renewal and are a part of your policy.

Please contact your agent if you require a complete policy copy or have any questions regarding this notice. Thank you for insuring with American Family. We appreciate your business and look forward to building a "greener" future together.

Sincerely,

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

LESLIE A WIESE  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359  
970-668-6600

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XF683201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
012-119-078 18

NAMED INSURED SODA CREEK CONDOMINIUM ASSOCIATION INC

MAILING ADDRESS 23024 US HIGHWAY 6 UNIT 202  
KEYSTONE, CO 80435-7793POLICY PERIOD FROM 02-15-2010 TO 02-15-2011  
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	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 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. 0002 BUILDING NO. 001  
LOCATION 361 COVE BLVD  
DILLON, CO 80435BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 8  
CONSTRUCTION FRAME  
YEAR BUILT 1997AGENT 167-307  
LESLIE A WIESE  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359PHONE  
970-668-6600PAGE 0001  
BRANCH BJS026 RENW  
ENTRY DATE 11-20-2009

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XF683201**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
012-119-078 18**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318****DESCRIPTION OF PREMISES**PREMISES NO. 0003 BUILDING NO. 001  
LOCATION 371 COVE BLVD  
DILLON, 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 405 COVE BLVD  
DILLON, CO 80435-8435BUILDING 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 411 COVE BLVD  
DILLON, CO 80435-8435BUILDING 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**

CERTIFIED ACTS OF TERRORISM

\$90.00

**PROPERTY DEDUCTIBLE \$5,000**AGENT 167-307  
LESLIE A WIESE  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359PHONE  
970-668-6600PAGE 0002  
BRANCH BJS026 RENW  
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**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

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

05XF683201

**CUSTOMER BILLING ACCOUNT**

012-119-078 18

**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	\$4,820,070	\$4,620.00
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AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$31,299	\$22.00
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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**

WATER BACKUP AND SUMP OVERFLOW	\$5,000	\$360.00
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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
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TOTAL ADVANCE PROPERTY PREMIUM	\$5,214.00
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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**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
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PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
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DAMAGE TO PREMISES RENTED TO YOU	\$50,000
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LIABILITY AND MEDICAL EXPENSES	\$2,000,000
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PREM 0001 BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
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PREM 0002 BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
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PREM 0003 BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
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PREM 0004 BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
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PREM 0005 BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
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AGENT 167-307

PHONE

PAGE 0003

LESLIE A WIESE

970-668-6600

BRANCH BJS026 RENW

PO BOX 24359

ENTRY DATE 11-20-2009

SILVERTHORNE, CO 80497-4359

BP AF 01 07 09

INSURED

Stock No. 15141

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

POLICY NUMBER  
05XF683201

## DECLARATIONS

CUSTOMER BILLING ACCOUNT  
012-119-078 18

RECEIVED

NOV 03 2009

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	8 UNITS		\$50.00
PREMISES NO. 0002 BUILDING NO. 001	8 UNITS		\$50.00
PREMISES NO. 0003 BUILDING NO. 001	8 UNITS		\$50.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS		\$50.00
PREMISES NO. 0005 BUILDING NO. 001	8 UNITS		\$50.00

CERTIFIED ACTS OF TERRORISM \$5.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$255.00

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 \$5,469.00

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


  
Secretary
COUNTERSIGNED  
LICENSED RESIDENT AGENT

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

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PAGE 0004  
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BP AF 01 07 09

INSURED

Stock No. 15141

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