

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

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

05XR009901

**CUSTOMER BILLING ACCOUNT**

017-091-465 10

**NAMED  
INSURED**

THE SUNRIDGE CONDOMINIUM ASSOCIATION

**MAILING  
ADDRESS**C/O HIGHLAND REALTY & MANAGEMENT  
11145 SHERIDAN BLVD  
WESTMINSTER, CO 80020-3259**POLICY PERIOD**FROM 01-01-2011 TO 01-01-2012  
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

\$100,000

\$331.00

**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 2000 SUNRIDGE CIR BLDG 1  
BROOMFIELD, CO 80020-1082BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 5  
CONSTRUCTION FRAME  
YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001  
LOCATION 2000 SUNRIDGE CIR BLDG 2  
BROOMFIELD, CO 80020-1082BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 5  
CONSTRUCTION FRAME**AGENT** 004-317

RONALD M NAYOSKI

7120 E COUNTY LINE RD STE 201  
HIGHLANDS RANCH, CO 80126-3938**PHONE**

303-793-0601

303-793-0602

**PAGE** 0001**BRANCH** NLH017 NEWB**ENTRY DATE** 12-28-2010

BP AF 01 07 09

INSURED

Stock No. 15141

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## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

## POLICY NUMBER

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## DECLARATIONS

## CUSTOMER BILLING ACCOUNT

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YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 5  
BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 5

CONSTRUCTION FRAME

YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 6  
BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6

CONSTRUCTION FRAME

YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 7  
BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 5

CONSTRUCTION FRAME

YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

AGENT 004-317

RONALD M NAYOSKI

7120 E COUNTY LINE RD STE 201

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## DESCRIPTION OF PREMISES

PREMISES NO. 0006 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 8  
BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

PREMISES NO. 0007 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 9  
BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 5

CONSTRUCTION FRAME

YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

PREMISES NO. 0008 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 10  
BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

## DESCRIPTION OF PREMISES

PREMISES NO. 0009 BUILDING NO. 001

LOCATION 2000 SUNRIDGE CIR BLDG 11  
BROOMFIELD, CO 80020-1082

AGENT 004-317

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

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**DECLARATIONS****CUSTOMER BILLING ACCOUNT**

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BUILDING INTEREST LEASED TO OTHERS  
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
 NUMBER OF UNITS 5  
 CONSTRUCTION FRAME  
 YEAR BUILT 1985  
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

**DESCRIPTION OF PREMISES**

PREMISES NO. 0010 BUILDING NO. 001  
 LOCATION 2000 SUNRIDGE CIR BLDG 12  
 BROOMFIELD, CO 80020-1082

BUILDING INTEREST LEASED TO OTHERS  
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE  
 NUMBER OF UNITS 5  
 CONSTRUCTION FRAME  
 YEAR BUILT 1985  
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 318

PROPERTY DEDUCTIBLE \$5,000

**OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	\$7,500,000	\$9,964.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$150,000	\$132.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME EXTENDED BUSINESS INCOME - EXTENDED NUMBER OF DAYS	ACTUAL LOSS SUSTAINED 120 DAYS	INCLUDED \$200.00

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 04 41 01 06 BP 84 11 07 98 BP 85 11 12 08

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$565.00

TOTAL ADVANCE PROPERTY PREMIUM \$11,192.00

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RONALD M NAYOSKI	303-793-0601	BRANCH NLH017 NEWB
7120 E COUNTY LINE RD STE 201	303-793-0602	ENTRY DATE 12-28-2010
HIGHLANDS RANCH, CO 80126-3938		

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**DECLARATIONS****CUSTOMER BILLING ACCOUNT**

017-091-465 10

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 04 83 07 02

BP 06 01 01 07

BP 83 01 07 98

BP 83 02 01 07

BP 84 04 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)

\$2,000,000

PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT

\$2,000,000

DAMAGE TO PREMISES RENTED TO YOU

\$50,000

LIABILITY AND MEDICAL EXPENSES

\$1,000,000

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

PREM 0008 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON

\$5,000

PREM 0009 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON

\$5,000

PREM 0010 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON

\$5,000

**LOCATION****PREMIUM BASIS****RATE****ADVANCE PREMIUM**

PREMISES NO. 0001 BUILDING NO. 001

1 POOLS

\$204.00

5 UNITS

\$16.00

PREMISES NO. 0002 BUILDING NO. 001

5 UNITS

\$16.00

PREMISES NO. 0003 BUILDING NO. 001

5 UNITS

\$16.00

PREMISES NO. 0004 BUILDING NO. 001

6 UNITS

\$20.00

PREMISES NO. 0005 BUILDING NO. 001

5 UNITS

\$16.00

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PHONE

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RONALD M NAYOSKI

303-793-0601

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PREMISES NO. 0006 BUILDING NO. 001

4 UNITS

\$13.00

PREMISES NO. 0007 BUILDING NO. 001

5 UNITS

\$16.00

PREMISES NO. 0008 BUILDING NO. 001

4 UNITS

\$13.00

PREMISES NO. 0009 BUILDING NO. 001

5 UNITS

\$16.00

PREMISES NO. 0010 BUILDING NO. 001

5 UNITS

\$16.00

## TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$362.00

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 10

BP 85 05 07 98CO

BP 85 10 07 98

BP 85 12 01 06

IL 75 26 12 05

## TOTAL ADVANCE BUSINESS PREMIUM

\$11,554.00

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 24 01 08

BP 05 41 06 08

BP 80 01 01 07

BP 87 01 08 10

BP 87 90 08 10

AUTHORIZED  
REPRESENTATIVE  
President  
SecretaryCOUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 004-317

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7120 E COUNTY LINE RD STE 201

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