

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: WILDFLOWER AT HUNTERS GLEN HOMEOWNERS ASSOCIATION INC

Doing Business As Name (if applicable):

Insured Mailing Address: C/O HIGHLAND REALTY & MANAGEMENT
11145 SHERIDAN BLVD STE 30
WESTMINSTER, CO 80020-3256

Valuation Type: Replacement Cost

Effective Date: 11-01-2013

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XP954001

The Statement Of Values - Blanket Coverage must be submitted for all new business, coverage changes and value changes. **Loss Payment Penalties may apply if property is not insured to at least 80% of replacement cost value at the time of loss.** Building Limit Inflation Protection Coverage and Business Personal Property Automatic Increase In Coverage will apply to each renewal.

* Blanket Coverages are only available for the following types of property: Buildings, Auxiliary Buildings/Structures, Business Personal Property, Auxiliary Buildings Business Personal Property, Signs, Fences and Antennas. Blanket Coverage applies per property type.

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	1	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG A THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$298,711		
PREMISES NO.	2	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG 2 THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$344,277		

CONTINUED ON NEXT PAGE

APPLICANT OR INSURED

All property values submitted are 100% of the replacement cost value to the best of my knowledge and American Family can rely upon my statements in providing Blanket Coverages.

Signed _____

Name _____

Title _____

Date _____

AGENT

I have explained to the insured the Loss Payment Penalties that may apply if the property is not insured to 80% of replacement cost value.

Signature _____

Name RONALD NAYOSKI

Agent/District Code 004-317

Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	3	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG 3 THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$278,459		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG 4 THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$298,711		
PREMISES NO.	5	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG 5 THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$278,459		
PREMISES NO.	6	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG 6 THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$237,956		
PREMISES NO.	7	BUILDING NO.	1
LOCATION	13550 WASHINGTON ST BLDG 7 THORNTON, CO 80241-1012		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$344,277		

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 8 BUILDING NO. 1
LOCATION 13550 WASHINGTON ST BLDG 8
THORNTON, CO 80241-1012

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$278,459

PREMISES NO. 9 BUILDING NO. 1
LOCATION 13550 WASHINGTON ST BLDG 9
THORNTON, CO 80241-1012

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$303,774

PREMISES NO. BUILDING NO.
LOCATION

OCCUPANCY
CONSTRUCTION
*PROPERTY TYPE
VALUES

PREMISES NO. BUILDING NO.
LOCATION

OCCUPANCY
CONSTRUCTION
*PROPERTY TYPE
VALUES

PREMISES NO. BUILDING NO.
LOCATION

OCCUPANCY
CONSTRUCTION
*PROPERTY TYPE
VALUES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS****POLICY NUMBER**
05XP954001**CUSTOMER BILLING ACCOUNT**
017-010-140 32**NAMED INSURED** WILDFLOWER AT HUNTERS GLEN HOMEOWNERS ASSOCIATION INC**MAILING ADDRESS** C/O HIGHLAND REALTY & MANAGEMENT
11145 SHERIDAN BLVD STE 30
WESTMINSTER, CO 80020-3256**POLICY PERIOD** FROM 11-01-2013 TO 11-01-2014
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 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 13550 WASHINGTON ST BLDG A
THORNTON, CO 80241-1012BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322****DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001
LOCATION 13550 WASHINGTON ST BLDG 2
THORNTON, CO 80241-1012BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322****AGENT** 004-317
RONALD NAYOSKI
7120 E COUNTY LINE RD STE 201
HIGHLANDS RANCH, CO 80126-3938**PHONE**
303-793-0601
303-793-0602**PAGE** 0001
BRANCH LGP004 **RENEW**
ENTRY DATE 09-26-2013

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XP954001**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-010-140 32**DESCRIPTION OF PREMISES**

PREMISES NO. 0003 BUILDING NO. 001

LOCATION 13550 WASHINGTON ST BLDG 3
THORNTON, CO 80241-1012

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 3

CONSTRUCTION FRAME

YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001

LOCATION 13550 WASHINGTON ST BLDG 4
THORNTON, CO 80241-1012

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001

LOCATION 13550 WASHINGTON ST BLDG 5
THORNTON, CO 80241-1012

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 3

CONSTRUCTION FRAME

YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322

DESCRIPTION OF PREMISES

PREMISES NO. 0006 BUILDING NO. 001

LOCATION 13550 WASHINGTON ST BLDG 6
THORNTON, CO 80241-1012**AGENT** 004-317

RONALD NAYOSKI

7120 E COUNTY LINE RD STE 201

HIGHLANDS RANCH, CO 80126-3938

PHONE

303-793-0601

303-793-0602

PAGE 0002**BRANCH** LGP004 RENW**ENTRY DATE** 09-26-2013

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XP954001CUSTOMER BILLING ACCOUNT
017-010-140 32BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322

DESCRIPTION OF PREMISES

PREMISES NO. 0007 BUILDING NO. 001
LOCATION 13550 WASHINGTON ST BLDG 7
THORNTON, CO 80241-1012BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322

DESCRIPTION OF PREMISES

PREMISES NO. 0008 BUILDING NO. 001
LOCATION 13550 WASHINGTON ST BLDG 8
THORNTON, CO 80241-1012BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 3
CONSTRUCTION FRAME
YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322

DESCRIPTION OF PREMISES

PREMISES NO. 0009 BUILDING NO. 001
LOCATION 13550 WASHINGTON ST BLDG 9
THORNTON, CO 80241-1012BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 3
CONSTRUCTION FRAME
YEAR BUILT 1999AGENT 004-317
RONALD NAYOSKI
7120 E COUNTY LINE RD STE 201
HIGHLANDS RANCH, CO 80126-3938PHONE
303-793-0601
303-793-0602PAGE 0003
BRANCH LGP004 RENW
ENTRY DATE 09-26-2013

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XP954001**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-010-140 32**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 322****PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGEBUILDING - Blanket
REPLACEMENT COST**LIMIT OF INSURANCE**

\$2,663,083

PREMIUM

\$9,781.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE

ACTUAL LOSS SUSTAINED

PREMIUM

INCLUDED

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 \$474.00**TOTAL ADVANCE PROPERTY PREMIUM \$10,255.00**

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

SECTION II LIABILITY AND MEDICAL EXPENSESEach 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

AGENT 004-317**PHONE****PAGE 0004**

RONALD NAYOSKI

303-793-0601

BRANCH LGP004 RENW

7120 E COUNTY LINE RD STE 201

303-793-0602

ENTRY DATE 09-26-2013

HIGHLANDS RANCH, CO 80126-3938

BP AF 01 07 09

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XP954001

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

017-010-140 32

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

PREMISES NO. 0001 BUILDING NO. 001

4 UNITS

\$17.00

PREMISES NO. 0002 BUILDING NO. 001

4 UNITS

\$17.00

PREMISES NO. 0003 BUILDING NO. 001

3 UNITS

\$13.00

PREMISES NO. 0004 BUILDING NO. 001

4 UNITS

\$17.00

PREMISES NO. 0005 BUILDING NO. 001

3 UNITS

\$13.00

PREMISES NO. 0006 BUILDING NO. 001

4 UNITS

\$17.00

PREMISES NO. 0007 BUILDING NO. 001

4 UNITS

\$17.00

PREMISES NO. 0008 BUILDING NO. 001

3 UNITS

\$13.00

PREMISES NO. 0009 BUILDING NO. 001

3 UNITS

\$13.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$137.00

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 10 05 07 02

BP 14 60 06 10

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

\$10,392.00

This premium may be subject to adjustment.

AGENT 004-317

RONALD NAYOSKI

7120 E COUNTY LINE RD STE 201

HIGHLANDS RANCH, CO 80126-3938

PHONE

303-793-0601

303-793-0602

PAGE

0005

BRANCH

LGPO04

RENEW

ENTRY DATE

09-26-2013

BP AF 01 07 09

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XP954001

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

017-010-140 32

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 AGENTAGENT 004-317
RONALD NAYOSKI
7120 E COUNTY LINE RD STE 201
HIGHLANDS RANCH, CO 80126-3938PHONE
303-793-0601
303-793-0602PAGE 0006
BRANCH LGP004 RENW
ENTRY DATE 09-26-2013

BP AF 01 07 09

INSURED

Stock No. 15141

POLICY NUMBER: 05XP954001

BUSINESSOWNERS
BP 85 11 12 08**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**
BUILDING AND BUSINESS PERSONAL PROPERTY CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE*

Premises No.	Building No.	Auxiliary Building/Structure Description	Auxiliary Building/ Structure Limit	Auxiliary Buildings Business Personal Property Limit
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* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

Section I - Property is amended as follows:

A. Paragraph A.1. Covered Property is replaced with the following:

Covered Property includes Building as described under Paragraph **a.** below, Business Personal Property as described under Paragraph **b.** below, Auxiliary Buildings/Structures as described under Paragraph **c.** below, Auxiliary Buildings Business Personal Property as described under Paragraph **d.** below, or all four, depending on whether a Limit of Insurance is shown in the Declarations for that type of property. Regardless of whether coverage is shown in the Declarations for Buildings, Business Personal Property, Auxiliary Buildings/Structures, Auxiliary Buildings Business Personal Property, or all four, there is no coverage for property described under Paragraph **A.2. Property Not Covered.**

a. Building, means the described building shown in the Declarations, including:

- (1) Completed additions;
- (2) Fixtures, including outdoor fixtures;
- (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
- (4) Your personal property in apartments, rooms or common areas furnished by you as landlord;
- (5) Personal property owned by you that is used to maintain or service the described building or the premises, including:
 - (a) Fire extinguishing equipment;
 - (b) Outdoor furniture;
 - (c) Floor coverings; and
 - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
- (6) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the described building;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the described building.

b. Business Personal Property located in or on the described building at the premises shown in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, including:

- (1) Property you own that is used in your business;
- (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
- (3) Tenant's improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:

(a) Made a part of the described building you occupy but do not own; and

(b) You acquired or made at your expense but cannot legally remove;

(4) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**; and

(5) Exterior building glass, if you are a tenant and no Limit of Insurance is shown in the Declarations for Building property. The glass must be owned by you or in your care, custody or control.

c. Auxiliary Buildings/Structures, meaning the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:

- (1) Completed additions;
- (2) Fixtures;
- (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
- (4) Personal property owned by you that is used to maintain or service the auxiliary buildings/structures, including:
 - (a) Fire extinguishing equipment;
 - (b) Floor coverings; and
 - (c) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
- (5) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the auxiliary buildings/structures;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the auxiliary buildings/structures, used for making additions, alterations or repairs to the auxiliary buildings/structures.

d. Auxiliary Buildings Business Personal Property located in or on the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:

- (1) Property you own that is used in your business;
- (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
- (3) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**.

B. The following is added to **E.3., Property Loss Conditions – Duties In the Event of Loss or Damage:**

- (10) Keep records of your property in such a way that we can accurately determine the amount of any loss.