

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL LIABILITY UMBRELLA POLICY

POLICY NUMBER 05XR009903
DECLARATIONS
CUSTOMER BILLING ACCOUNT 017-091-465 10

NAMED THE SUNRIDGE CONDOMINIUM ASSOCIATION
INSURED

MAILING C/O HIGHLAND REALTY & MANAGEMENT
ADDRESS 11145 SHERIDAN BLVD
WESTMINSTER, CO 80020-3259

POLICY PERIOD FROM 01-01-2013 TO 01-01-2014
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION

LIMITS OF INSURANCE
AGGREGATE LIMIT \$1,000,000
EACH OCCURRENCE LIMIT \$1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT \$1,000,000
SELF INSURED RETENTION \$10,000

SCHEDULE OF UNDERLYING INSURANCE

UNDERLYING INSURANCE - BUSINESSOWNERS POLICY	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
LIABILITY & MEDICAL EXPENSES	\$1,000,000

TOTAL ADVANCE PREMIUM \$300.00

Forms and endorsements applying to and made part of this policy at time of issue:

CU 00 00 12 07	CU 00 01 12 07	CU 00 04 05 09	CU 01 46 09 00	CU 21 12 09 00
CU 21 15 09 00	CU 21 18 09 00	CU 21 23 02 02	CU 21 27 12 04	CU 21 35 06 08
CU 21 42 12 04	CU 21 50 03 05	CU 21 52 12 05	CU 21 56 06 06	CU 71 01 10 01
CU 71 02 07 10	CU 71 08 10 01	CU 73 01 12 04	IL 00 17 11 98	IL 02 28 09 07
IL 09 85 01 08	IL 75 26 12 05			

AUTHORIZED REPRESENTATIVE	 President	 Secretary	COUNTERSIGNED LICENSED RESIDENT AGENT
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AGENT 004-317	PHONE	PAGE 01
RONALD NAYOSKI	303-793-0601	BRANCH PKC002 RENW
7120 E COUNTY LINE RD STE 201	303-793-0602	ENTRY DATE 11-20-2012
HIGHLANDS RANCH, CO 80126-3938		

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY

DECLARATIONS

POLICY NUMBER 05XR009902
CUSTOMER BILLING ACCOUNT 017-091-465 10

NOTICE THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

NAMED THE SUNRIDGE CONDOMINIUM ASSOCIATION
ORGANIZATION

MAILING C/O HIGHLAND REALTY & MANAGEMENT
ADDRESS 11145 SHERIDAN BLVD
WESTMINSTER, CO 80020-3259

POLICY PERIOD FROM 01-01-2013 TO 01-01-2014
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION
BUSINESS DESCRIPTION Condominium Association - Residential

LIMIT OF LIABILITY
Aggregate for Coverage A, B and C, including "claims expenses" \$1,000,000

RETENTION AMOUNTS
Coverage A (each claim) \$500
Coverage B (each claim) \$500
Coverage C (each claim) \$500

RETROACTIVE DATE
THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE
RETROACTIVE DATE, IF ANY, SHOWN BELOW.
RETROACTIVE DATE (Coverages A and B): 01-01-2011
RETROACTIVE DATE (Coverages C): 01-01-2011

PENDING OR PRIOR LITIGATION DATE
PENDING OR PRIOR DATE (Coverages A and B): 01-01-2011
PENDING OR PRIOR DATE (Coverages C): 01-01-2011

EXTENDED REPORTING PERIOD
ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

TOTAL DIRECTORS AND OFFICERS PREMIUM \$420.00
TOTAL ADVANCE PREMIUM \$420.00

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 08	IL 75 26 12 05	NP 00 00 12 05
NP 00 01 12 05	NP 00 03 04 03	NP 02 28 10 06
NP 21 10 04 03	NP 21 12 04 03	NP 21 15 06 08
NP 28 02 04 03	NP 28 05 04 03	NP 71 02 12 05
NP 71 03 12 05	NP 71 04 12 05	NP 71 07 12 05

AUTHORIZED
REPRESENTATIVE


President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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 01
BRANCH PKC002 RENW
ENTRY DATE 11-20-2012

STATEMENT OF VALUES - BLANKET COVERAGES
AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Applicant or Named Insured: THE SUNRIDGE CONDOMINIUM ASSOCIATION
Doing Business As Name (if applicable):
Insured Mailing Address: C/O HIGHLAND REALTY & MANAGEMENT
11145 SHERIDAN BLVD
WESTMINSTER, CO 80020-3259

Valuation Type: Replacement Cost Effective Date: 01-01-2013
Policy Number to which Blanket coverages are to apply (N/A if new business): 05XR009901

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	2000 SUNRIDGE CIR BLDG 1 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	1	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 1 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	AUXILIARY BUILDINGS/STRUCTURES		
VALUES	\$150,943		
CONTINUED ON NEXT PAGE			

APPLICANT OR INSURED	AGENT
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.	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.
Signed _____	Signature _____
Name _____	Name RONALD NAYOSKI
Title _____	Agent/District Code 004-317
Date _____	Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	2	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 2 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	3	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 5 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 6 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	5	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 7 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	6	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 8 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		

PREMISES NO.	7	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 9 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	8	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 10 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	9	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 11 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.	10	BUILDING NO.	1
LOCATION	2000 SUNRIDGE CIR BLDG 12 BROOMFIELD, CO 80020-1082		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$754,717		
PREMISES NO.		BUILDING NO.	
LOCATION			
OCCUPANCY			
CONSTRUCTION			
*PROPERTY TYPE			
VALUES			

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XR009901

DECLARATIONS

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

FROM01-01-2013TO01-01-2014
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	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.0001BUILDING NO. 001

LOCATION2000 SUNRIDGE CIR BLDG 1
BROOMFIELD, CO 80020-1082

BUILDING INTERESTLEASED TO OTHERS

PREDOMINANT OCCUPANCYCONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS5

CONSTRUCTIONFRAME

YEAR BUILT1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL320

DESCRIPTION OF PREMISES

PREMISES NO.0002BUILDING NO. 001

LOCATION2000 SUNRIDGE CIR BLDG 2
BROOMFIELD, CO 80020-1082

BUILDING INTERESTLEASED TO OTHERS

PREDOMINANT OCCUPANCYCONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS5

CONSTRUCTIONFRAME

AGENT004-317
RONALD NAYOSKI
7120 E COUNTY LINE RD STE 201
HIGHLANDS RANCH, CO 80126-3938

PHONE
303-793-0601
303-793-0602

PAGE0001
BRANCHPKC002RENEW
ENTRY DATE11-19-2012

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05XR00990103 000 PKC002

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER

DECLARATIONS

CUSTOMER BILLING ACCOUNT

05XR009901

017-091-465 10

YEAR BUILT

1985

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL

320

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

320

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

320

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

320

AGENT 004-317

PHONE

PAGE 0002

RONALD NAYOSKI

303-793-0601

BRANCH PKC002 RENW

7120 E COUNTY LINE RD STE 201

303-793-0602

ENTRY DATE 11-19-2012

HIGHLANDS RANCH, CO 80126-3938

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
05XR009901

DECLARATIONS

CUSTOMER BILLING ACCOUNT
017-091-465 10

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

320

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

320

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

320

DESCRIPTION OF PREMISES

PREMISES NO. 0009

BUILDING NO. 001

LOCATION

2000 SUNRIDGE CIR BLDG 11
BROOMFIELD, CO 80020-1082

AGENT 004-317

PHONE

PAGE 0003

RONALD NAYOSKI

303-793-0601

BRANCH PKC002 RENW

7120 E COUNTY LINE RD STE 201

303-793-0602

ENTRY DATE 11-19-2012

HIGHLANDS RANCH, CO 80126-3938

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER

05XR009901

DECLARATIONS

CUSTOMER BILLING ACCOUNT

017-091-465 10

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 320

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 320

PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	\$7,547,170	\$8,982.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$150,943	\$124.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME EXTENDED BUSINESS INCOME - EXTENDED NUMBER OF DAYS	ACTUAL LOSS SUSTAINED 120 DAYS	INCLUDED \$182.00

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 \$517.00
TOTAL ADVANCE PROPERTY PREMIUM \$10,136.00

AGENT 004-317 PHONE 303-793-0601 PAGE 0004
RONALD NAYOSKI 303-793-0602 BRANCH PKC002 RENW
7120 E COUNTY LINE RD STE 201 ENTRY DATE 11-19-2012
HIGHLANDS RANCH, CO 80126-3938

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XR009901

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 02BP 06 01 01 07BP 83 01 07 98BP 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		\$184.00
	5 UNITS		\$14.00
PREMISES NO. 0002 BUILDING NO. 001	5 UNITS		\$14.00
PREMISES NO. 0003 BUILDING NO. 001	5 UNITS		\$14.00
PREMISES NO. 0004 BUILDING NO. 001	6 UNITS		\$17.00
PREMISES NO. 0005 BUILDING NO. 001	5 UNITS		\$14.00

AGENT 004-317
RONALD NAYOSKI
7120 E COUNTY LINE RD STE 201
HIGHLANDS RANCH, CO 80126-3938

PHONE
303-793-0601
303-793-0602

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BRANCH PKC002 RENW
ENTRY DATE 11-19-2012

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XR009901

DECLARATIONS

CUSTOMER BILLING ACCOUNT
017-091-465 10

PREMISES NO. 0006 BUILDING NO. 001	4 UNITS	\$12.00
PREMISES NO. 0007 BUILDING NO. 001	5 UNITS	\$14.00
PREMISES NO. 0008 BUILDING NO. 001	4 UNITS	\$12.00
PREMISES NO. 0009 BUILDING NO. 001	5 UNITS	\$14.00
PREMISES NO. 0010 BUILDING NO. 001	5 UNITS	\$14.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$323.00

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 \$10,459.00

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

COUNTERSIGNED
LICENSED RESIDENT AGENT


Secretary

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 0006
BRANCH PKC002 RENW
ENTRY DATE 11-19-2012

POLICY NUMBER: 05XR009901

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
1	1	SMALL GARBAGE SHED & POOL HOUSE	\$150,943	
* 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.