

**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 ORGANIZATION** THE SUNRIDGE CONDOMINIUM ASSOCIATION

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

**POLICY PERIOD** FROM 01-01-2014 TO 01-01-2015  
 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** \$470.00  
**TOTAL ADVANCE PREMIUM** \$470.00

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 70 01 12 05 |
| 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** IRS004 RENW  
**ENTRY DATE** 11-15-2013



## 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  
INSUREDMAILING C/O HIGHLAND REALTY & MANAGEMENT  
ADDRESS 11145 SHERIDAN BLVD  
WESTMINSTER, CO 80020-3259POLICY PERIOD FROM 01-01-2014 TO 01-01-2015  
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

\$370.00

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 AGENTAGENT 004-317  
RONALD NAYOSKI  
7120 E COUNTY LINE RD STE 201  
HIGHLANDS RANCH, CO 80126-3938PHONE  
303-793-0601  
303-793-0602PAGE 01  
BRANCH IRS004 RENW  
ENTRY DATE 11-18-2013



**STATEMENT OF VALUES - BLANKET COVERAGES**

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

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: 01-01-2014

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 \$761,792

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 \$152,358

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.   | 2  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 2<br>BROOMFIELD, CO 80020-1082    |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 3  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 5<br>BROOMFIELD, CO 80020-1082    |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 4  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 6<br>BROOMFIELD, CO 80020-1082    |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 5  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 7<br>BROOMFIELD, CO 80020-1082    |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 6  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 8<br>BROOMFIELD, CO 80020-1082    |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

|                |  |              |   |
|----------------|--|--------------|---|
| PREMISES NO.   | 7  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 9<br>BROOMFIELD, CO 80020-1082    |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 8  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 10<br>BROOMFIELD, CO 80020-1082   |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 9  | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 11<br>BROOMFIELD, CO 80020-1082   |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| PREMISES NO.   | 10   | BUILDING NO. | 1 |
| LOCATION       | 2000 SUNRIDGE CIR BLDG 12<br>BROOMFIELD, CO 80020-1082   |              |   |
| OCCUPANCY      | CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE |              |   |
| CONSTRUCTION   | FRAME  |              |   |
| *PROPERTY TYPE | BUILDINGS  |              |   |
| VALUES         | \$761,792  |              |   |
| 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** FROM 01-01-2014 TO 01-01-2015  
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  |
|---|--------------------|----------|
| <b>OPTIONAL COVERAGE</b><br>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 323

**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 FRAMEAGENT 004-317  
RONALD NAYOSKI  
7120 E COUNTY LINE RD STE 201  
HIGHLANDS RANCH, CO 80126-3938PHONE  
303-793-0601  
303-793-0602PAGE 0001  
BRANCH IRS004 RENW  
ENTRY DATE 11-15-2013

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

POLICY NUMBER  
05XR009901

## DECLARATIONS

CUSTOMER BILLING ACCOUNT  
017-091-465 10YEAR BUILT 1985  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 323

## DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001  
LOCATION 2000 SUNRIDGE CIR BLDG 5  
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 323

## DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001  
LOCATION 2000 SUNRIDGE CIR BLDG 6  
BROOMFIELD, CO 80020-1082BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6  
CONSTRUCTION FRAME  
YEAR BUILT 1985  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 323

## DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001  
LOCATION 2000 SUNRIDGE CIR BLDG 7  
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 323AGENT 004-317  
RONALD NAYOSKI  
7120 E COUNTY LINE RD STE 201  
HIGHLANDS RANCH, CO 80126-3938PHONE  
303-793-0601  
303-793-0602PAGE 0002  
BRANCH IRS004 RENW  
ENTRY DATE 11-15-2013

## 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 323

## 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 323

## 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 323

## DESCRIPTION OF PREMISES

PREMISES NO. 0009 BUILDING NO. 001  
LOCATION 2000 SUNRIDGE CIR BLDG 11  
BROOMFIELD, CO 80020-1082

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 0003  
BRANCH IRS004 RENW  
ENTRY DATE 11-15-2013

**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 323

**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 323

PROPERTY DEDUCTIBLE \$5,000

**OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

| COVERAGE   | LIMIT OF INSURANCE | PREMIUM     |
|--|--------------------|-------------|
| BUILDING - Blanket<br>REPLACEMENT COST                       | \$7,617,920        | \$13,182.00 |
| AUXILIARY BUILDINGS/STRUCTURES - Blanket<br>REPLACEMENT COST | \$152,358          | \$187.00    |

| ADDITIONAL COVERAGE                                   | LIMIT OF INSURANCE    | PREMIUM  |
|---|-----------------------|----------|
| BUSINESS INCOME                                       | ACTUAL LOSS SUSTAINED | INCLUDED |
| EXTENDED BUSINESS INCOME - EXTENDED<br>NUMBER OF DAYS | 120 DAYS              | \$264.00 |

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 \$557.00

TOTAL ADVANCE PROPERTY PREMIUM \$14,521.00

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

PHONE  
303-793-0601  
303-793-0602

PAGE 0004  
BRANCH IRS004 RENW  
ENTRY DATE 11-15-2013

**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 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

\$218.00

5 UNITS

\$17.00

PREMISES NO. 0002 BUILDING NO. 001

5 UNITS

\$17.00

PREMISES NO. 0003 BUILDING NO. 001

5 UNITS

\$17.00

PREMISES NO. 0004 BUILDING NO. 001

6 UNITS

\$20.00

PREMISES NO. 0005 BUILDING NO. 001

5 UNITS

\$17.00

AGENT 004-317

**PHONE**

PAGE 0005

RONALD NAYOSKI

303-793-0601

BRANCH IRS004 RENW

7120 E COUNTY LINE RD STE 201

303-793-0602

ENTRY DATE 11-15-2013

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

05XR009901

## DECLARATIONS

## CUSTOMER BILLING ACCOUNT

017-091-465 10

PREMISES NO. 0006 BUILDING NO. 001

4 UNITS

\$14.00

PREMISES NO. 0007 BUILDING NO. 001

5 UNITS

\$17.00

PREMISES NO. 0008 BUILDING NO. 001

4 UNITS

\$14.00

PREMISES NO. 0009 BUILDING NO. 001

5 UNITS

\$17.00

PREMISES NO. 0010 BUILDING NO. 001

5 UNITS

\$17.00

## TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$385.00

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

\$14,906.00

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 1N 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

RONALD NAYOSKI

7120 E COUNTY LINE RD STE 201

HIGHLANDS RANCH, CO 80126-3938

PHONE

303-793-0601

303-793-0602

PAGE 0006

BRANCH IRS004 RENW

ENTRY DATE 11-15-2013

BP AF 01 07 09

INSURED

Stock No. 15141

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**COLORADO CHANGES – AMENDMENT OF INSURED CONTRACT DEFINITION**

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

- A.** Except for any construction agreement subject to Colo. Rev. Stat. § 13-21-111.5, Paragraph **F.9. Liability And Medical Expenses Definitions** is replaced by the following:

**9. "Insured contract" means:**

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
- b. A sidetrack agreement;
- c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
- d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization, provided the "bodily injury" or "property damage" is caused, in whole or in part, by you or by those acting on your behalf. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph f. does not include that part of any contract or agreement:

- (1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;
- (2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:
  - (a) Preparing, approving or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - (b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or

- (3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities.

- B.** With respect to any construction agreement subject to Colo. Rev. Stat. § 13-21-111.5, Paragraph **F.9. Liability And Medical Expenses Definitions** is replaced by the following:

**9. "Insured contract" means:**

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
- b. A sidetrack agreement;
- c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
- d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization, but only to the extent that the "bodily injury" or "property damage" is caused by your acts or omissions or by the acts or omissions of those acting on your behalf. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph f. does not include that part of any contract or agreement:

- (1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;
- (2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:

- (a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- (b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or
- (3) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities.



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\***

| <b>Premises<br/>No.</b> | <b>Building<br/>No.</b> | <b>Auxiliary Building/Structure Description</b> | <b>Auxiliary<br/>Building/<br/>Structure Limit</b> | <b>Auxiliary<br/>Buildings Business<br/>Personal Property<br/>Limit</b> |
|-------------------------|-------------------------|---|--|---|
| 1                       | 1                       | SMALL GARBAGE SHED & POOL HOUSE                 | \$152,358  |   |

\* 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.