

**BUSINESSOWNERS POLICY  
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company  
American Family Insurance Company  
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

**Clarie Broschinsky, Agency Owner**  
**American Family Insurance**  
**1140 N Main, Suite D**  
**Gunnison, CO 81230**  
**Bus - (970) 641-3481 - Fax - 1-844-626-6289**

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

**INSURED**

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

**Pitchfork Townhomes Association, PO Box 2776, Crested Butte, CO 81224**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
91003-85566-83	05/24/23	05/24/24

**★ PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 10,000 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>(Blanket Coverage)</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>10,116,000.00</u>
Business Personal Property _____	<input type="checkbox"/> Replacement Cost	\$ _____

**★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability - Each Occurrence Limit	<b>\$2,000,000</b>
Damage To Premises Rented To You - Any One Premises	\$50,000
Medical Expenses - Any One Person	<b>\$5,000</b>
Aggregate Limit (Other Than Products Completed Operations)	<b>\$4,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$4,000,000</b>

Consult the Condominium Association's policy for insurance afforded Unit Owners.

**CERTIFICATE HOLDER(S)**      Effective Date 05/24/23       New Ownership/Occupancy     Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO.

UNIT OWNER'S MORTGAGEE NAME AND ADDRESS

LOAN NO.

UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS

LOAN NO.

**MISCELLANEOUS**

**100% Replacement Cost Coverage, Ordinance or Law, Equipment Breakdown, Inflation Protection, Wind & Hail Coverage, & Separation of Insured Included, No Co-Insurance, Cancellation Clause 10 Days for Non-Payment, 30 Days for Any Other Reason  
Crime and Fidelity with Property Management Included in \$100K coverage, D&O \$1M, Excess Liability \$2M**

DATE ISSUED

**06/05/23**

AUTHORIZED REPRESENTATIVE

**Clarie Broschinsky**