



AMERICAN FAMILY INSURANCE COMPANY
1140 N MAIN ST STE D
GUNNISON CO 81230-2460

April 26, 2024

000199EC126CAA3041170643 140661 001
PROSPECT HOMESTEAD
PO BOX 2776
CRESTED BUTTE CO 81224-2776



Regarding your Businessowners Policy

We have modified endorsements attached to your insurance policy

Policy number	Effective date
91004-01146-42	7/10/2024

Thank you for choosing American Family Insurance. We truly value you as our customer and are committed to providing you the support you need to protect the things that matter most.

We'd like to share with you some of the changes that have been made to your policy forms.

Your policy has been amended to reflect the following changes:

We have replaced the **BPF 87 90 08 18 Condominium Enhancement Endorsement** with a new version **BPF 87 90 08 21 Condominium Enhancement Endorsement** in your policy. We have revised the coverage for outdoor trees, shrubs and plants to make clear that the property coverage deductible under this policy applies to this coverage as well. We have also increased the coverage limit for accounts receivable (off-premises) to \$50,000 from the previous \$25,000 limit.

These changes will not affect what you pay for your insurance or impact any of the other coverages associated with your policy.

These changes will be reflected on your upcoming renewal.

Your agent has received a copy of this letter. If you have questions about this notice, please contact your agent listed below or call us at 1-800-MY AMFAM (1-800-692-6326) ext. 76000.

Commercial - Farm/Ranch Division
1-800-MY AMFAM (1-800-692-6326)

AMERICAN FAMILY INSURANCE COMPANY

Your American Family Agent is:

Clarie Broschinsky Agency LLC

cbroschi@amfam.com

1140 N Main St Ste D
Gunnison CO 81230-2460
970-641-3481

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 1140 N MAIN ST STE D
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AmFam.com

1-800-MY AMFAM® (692-6326)

April 26, 2024

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Regarding your Businessowners Policy

Important information pertaining to your upcoming policy Renewal

Policy number	Expiration date
91004-01146-42	7/10/2025

Thank you for allowing American Family to insure your business. We value you as a customer and work to provide you with the business insurance coverage to best fit your needs.

Cyber and data breach events can seriously threaten a company's future. American Family recognizes the risk and has taken action to help protect customers. As part of your upcoming Commercial Businessowner policy renewal, Commercial Cyber Data Breach Coverage will be automatically added to your policy.

With your Businessowners policy renewal you will receive an informational packet approximately 65 days prior to expiration of your existing policy. This packet will include information about the added Commercial Cyber Data Breach coverage, limits, additional premium charge and your options to change or reject this new coverage.

There is nothing you need to do at this time. We recommend that you review your policy renewal packet carefully when you receive it to ensure it meets your insurance needs. We encourage you to discuss any questions you have with your agent.

We appreciate the trust you have placed in American Family. We are excited to offer you these great improvements on your upcoming renewal!

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AmFam.com

1-800-MY AMFAM (692-6326)

April 26, 2024



000086EC126CAA3041170643 140661 001
 PROSPECT HOMESTEAD
 PO BOX 2776
 CRESTED BUTTE CO 81224-2776

Regarding your Businessowners Policy

We have modified endorsements attached to your insurance policy

Policy number	Effective date
91004-01146-42	July 10, 2024

Thank you for choosing American Family Insurance. We truly value you as our customer and are committed to providing you the support you need to protect the things that matter most.

We'd like to share with you some of the changes that have been made to your policy forms. Your policy has been amended to reflect the following changes:

We have attached the BPF 85 26 05 22, Exclusion – Biometric Data, Identifiers Or Information endorsement to your policy. This form excludes all liability for claims in any way relating to or from the unauthorized or the illegal acquisition, collection, use, release of biometric information, data or identifiers. This form provides clarification that your policy was never intended nor contemplated to provide insurance coverage for this exposure.

These changes will not affect what you pay for your insurance or impact any of the other coverages associated with your policy.

These changes will be reflected on your upcoming renewal.

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