

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: CRYSTAL CREEK CONDOMINIUM ASSOCIATION INC

Doing Business As Name (if applicable):

Insured Mailing Address: C/O TOAD PROPERTY MANAGEMENT INC
PO BOX 2776
CRESTED BUTTE, CO 81224-2776

Valuation Type: Replacement Cost

Effective Date: 02-08-2019

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XH987203

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 503 BELLEVIEW
CRESTED BUTTE, CO 81224

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$900,344

PREMISES NO. 2 BUILDING NO. 1
LOCATION 509 BELLEVIEW
CRESTED BUTTE, CO 81224

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$900,344

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 CLARIE BROSCHINSKY AGENCY LLC

Agent/District Code 013-307

Date _____

00000 002007 000407 0407 00000



Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 3 BUILDING NO. 1
LOCATION 618 5TH ST
CRESTED BUTTE, CO 81224

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
CONSTRUCTION FRAME
*PROPERTY TYPE BUILDINGS
VALUES \$900,344

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

PREMISES NO. BUILDING NO.
LOCATION

OCCUPANCY
CONSTRUCTION
*PROPERTY TYPE
VALUES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XH987203**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
012-405-180 37**NAMED INSURED** CRYSTAL CREEK CONDOMINIUM ASSOCIATION INC
MAILING ADDRESS C/O TOAD PROPERTY MANAGEMENT INC
PO BOX 2776
CRESTED BUTTE, CO 81224-2776**POLICY PERIOD** FROM 02-08-2019 TO 02-08-2020
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**ALL PROPERTY COVERAGES ARE SUBJECT TO THE FOLLOWING:****COVERED CAUSES OF LOSS** SPECIAL - RISK OF DIRECT PHYSICAL LOSS**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 503 BELLEVIEW
CRESTED BUTTE, CO 81224BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1980**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL** 373**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001
LOCATION 509 BELLEVIEW
CRESTED BUTTE, CO 81224BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1980**AGENT** 013-307
CLARIE BROSHINSKY AGENCY LLC
1140 N MAIN ST STE D
GUNNISON, CO 81230-2460**PHONE**
970-641-3481**PAGE** 0001
BRANCH JAL040 **RENEW**
ENTRY DATE 12-06-2018

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS****POLICY NUMBER**

05XH987203

CUSTOMER BILLING ACCOUNT

012-405-180 37

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 373**DESCRIPTION OF PREMISES**

PREMISES NO. 0003 BUILDING NO. 001

LOCATION 618 5TH ST
CRESTED BUTTE, CO 81224

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1980

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 373**The Following Applies To All Premises Identified In This Declaration****POLICY PROPERTY DEDUCTIBLE \$1,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

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

\$2,701,032

PREMIUM

\$3,867.00

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 85 17 09 15 BP 84 11 07 98 BP 85 11 12 08

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$5.00**TOTAL ADVANCE PROPERTY PREMIUM \$3,872.00**

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 EXPENSES

Except for Damage To Premises Rented To You, 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.

AGENT 013-307

CLARIE BROSCINSKY AGENCY LLC

1140 N MAIN ST STE D

GUNNISON, CO 81230-2460

PHONE

970-641-3481

PAGE 0002**BRANCH JAL040 RENW****ENTRY DATE 12-06-2018**

BP AF 01 08 18

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER

05XH987203

DECLARATIONS

CUSTOMER BILLING ACCOUNT

012-405-180 37

COVERAGE

LIMIT OF INSURANCE

AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)

\$4,000,000

PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT

\$4,000,000

DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES

\$50,000

LIABILITY - EACH OCCURENCE LIMIT

\$2,000,000

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

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

4 UNITS

\$17.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$51.00

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 15 04 05 14

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

\$3,923.00

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 11 13

BP 05 01 07 02

BP 05 15 01 15

BP 05 24 01 15

BP 05 41 01 15

BP 80 01 08 18

BP 87 01 08 10

AUTHORIZED
REPRESENTATIVE*William B. West*
President*PEC*
SecretaryCOUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 013-307

CLARIE BROSHINSKY AGENCY LLC

1140 N MAIN ST STE D

GUNNISON, CO 81230-2460

PHONE

970-641-3481

PAGE 0003

BRANCH JAL040 RENW

ENTRY DATE 12-06-2018

BP AF 01 08 18

INSURED

Stock No. 15141

00000 005007 000407 0407 00000

