

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONSPOLICY NUMBER
05 XD2643-01COMPANY CODE
0019-BLBK-CONAMED INSURED PRISTINE POINT HOMEOWNERS ASSN
MAILING ADDRESS PO BOX 504
CRESTED BUTTE CO 81224-0504

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001
115 PRISTINE POINT DR
CRESTED BUTTE GUNNISON COUNTY CO 81224

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	10 (007)	5.327 (A)		\$53.00	
	A=EACH ONE			007=UNITS		
				BALANCE TO MINIMUM	\$178.00	
				TOTAL ADVANCE PREMIUM	\$231.00	

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

CG 21 75 01 15	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98	IL 00 21 07 02
CG 77 14 04 02	CG 21 96 03 05	CG 21 67 12 04	IL 75 26 12 05	CG 00 01 12 07
IL 02 28 09 07	CG 21 47 12 07	CG 77 04 07 10	IL 09 85 01 15	IL 75 40 03 16
IL 01 25 11 13	CG 21 06 05 14			

AGENT 013-307
CLARIE BROSCINSKY AGENCY LLC
1140 N MAIN ST STE D
GUNNISON CO 81230-2460PAGE 01
BRANCH CFR
ENTRY DATE 10/17/2018

02-12

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XD2643-01

COMPANY CODE
0019-BLBK-CO

AUTHORIZED
REPRESENTATIVE


President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 013-307
CLARIE BROSCINSKY AGENCY LLC
1140 N MAIN ST STE D
GUNNISON CO 81230-2460
CG AF 01 05 17

PAGE 02
BRANCH CFR 02-12
ENTRY DATE 10/17/2018

INSURED

Stock No. 05981

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER 05 XD2643-01 COMPANY CODE 0019-BLBK-CO CUSTOMER BILLING ACCOUNT 011-938-863 11

NAMED INSURED PRISTINE POINT HOMEOWNERS ASSN
MAILING ADDRESS PO BOX 504
CRESTED BUTTE CO 81224-0504

POLICY PERIOD FROM 01/12/2019 TO 01/12/2020
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUM \$231.00
TOTAL PREMIUM	\$231.00

AUTHORIZED REPRESENTATIVE

Jack Salomon
President

Peck
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 013-307
CLARIE BROCHINSKY AGENCY LLC
1140 N MAIN ST STE D
GUNNISON CO 81230-2460

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