

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XF693502

CUSTOMER BILLING ACCOUNT
012-003-560 87

NAMED INSURED CEDARWOOD TOWNHOUSES

MAILING ADDRESS C/O TOAD PROPERTY MANAGEMENT
PO BOX 2776
CRESTED BUTTE, CO 81224-2776

POLICY PERIOD FROM 02-24-2019 TO 02-24-2020
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 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 512 7TH ST
CRESTED BUTTE, CO 81224

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY APARTMENT BUILDING WITHOUT MERCANTILE

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1974

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 373

POLICY PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$601,351	\$1,128.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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

PHONE
970-641-3481

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BRANCH UNATRE REI
ENTRY DATE 11-27-2018

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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

MORTGAGEHOLDER	LOAN NO.	8000461937	PREMISE NO.	BUILDING NO.
PNC BANK NA			0001	001
ITS SUCCESSORS AND/OR ASSIGNS ATIMA				
PO BOX 7433				
SPRINGFIELD, OH 45501-7433				

TOTAL ADVANCE PROPERTY PREMIUM \$1,128.00

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

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.

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 - ANY ONE PREMISES	\$50,000
LIABILITY - EACH OCCURENCE LIMIT	\$1,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
LOCATION	PREMIUM BASIS RATE ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS \$15.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$15.00

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

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CUSTOMER BILLING ACCOUNT
012-003-560 87

BP 05 17 01 06
BP 15 04 05 14
BP 85 10 07 98

BP 05 77 01 06
BP 84 24 01 07
BP 85 12 01 06

BP 10 05 07 02
BP 85 04 07 10
IL 75 26 12 05

BP 14 60 06 10
BP 85 05 07 98CO

TOTAL ADVANCE BUSINESS PREMIUM

\$1,143.00

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 05 15 01 15

BP 00 03 01 06
BP 05 24 01 15

BP 01 81 11 13
BP 05 41 01 15

BP 05 01 07 02
BP 80 01 08 18

AUTHORIZED
REPRESENTATIVE

William B. West
President

PEC
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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BP AF 01 08 18

INSURED

Stock No. 15141