

**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, Agent / Owner**  
American Family Insurance  
1140 N Main, Suite D  
Gunnison, CO 81230  
Bus - (970) 641-3481

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

**Cedarwood Townhouses, 512 7th St, Crested Butte, CO 81224**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
05XF693502	02/24/21	02/24/22

★ **PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 1,000.00 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>512 7th St, 4 units</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>1,300,000.00</u>
Business Personal Property _____	<input type="checkbox"/> Replacement Cost	\$ _____

★ **BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	<b>\$1,000,000</b>
Damage To Premises Rented To You	\$50,000
Medical Expenses - Any One Person	<b>\$5,000</b>
Aggregate Limit (Other Than Products Completed Operations)	<b>\$2,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$2,000,000</b>

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

**CERTIFICATE HOLDER(S)**

Effective Date \_\_\_\_\_

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, Inflation Protection, Equipment Breakdown, and Ordinance or Law included**

DATE ISSUED

**10/28/21**

AUTHORIZED REPRESENTATIVE

**Clarie Broschinsky**