

**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 Agency**  
**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

**Brush Creek Townhomes Association - PO Box 2776 Crested Butte, CO 81224**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
91005-27028-56	09/05/24	09/05/25

**★ PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 10,000 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>3 (9 total Units)</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>12,000,000.00</u>
Business Personal Property _____	<input type="checkbox"/> Replacement Cost	\$ _____

**★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	<b>\$2,000,000</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>\$4,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$4,000,000</b>

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

**CERTIFICATE HOLDER(S)** \_\_\_\_\_ Effective Date 09/05/24       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, Ordinance or Law, Equipment Breakdown, Inflation Protection, Wind & Hail Coverage - Deductible \$15,000, Separation of Insured Included, No Co-Insurance, Cancellation Clause 10 Days for Non-Payment, 30 days for Any Other Reason, Coverage Based on Inclusion of Exterior Portions of Each Building, Unit Owners Responsible For Interior Coverage for Unit/Walls-In, as well as Furnishing/Personal Property, and Personal Liability  
Crime & Fidelity Included: \$50K Umbrella Policy: \$2M**

DATE ISSUED

**11/13/24**

AUTHORIZED REPRESENTATIVE

**Clarie Broschinsky**