

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

CUSTOMER BILLING ACCOUNT

013-079-642 15

POLICY NUMBER

05XH618101

NAMED RHO CONDO ASSOCIATION
INSURED

MAILING PO BOX 3095
ADDRESS WINTER PARK, CO 80482-3095

POLICY PERIOD FROM 10-01-2009 TO 10-01-2010
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

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 507 HI COUNTRY DR BLDG 18
WINTER PARK, CO 80482

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 12
CONSTRUCTION FRAME
YEAR BUILT 1978
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
EARTHQUAKE PERCENTAGE DEDUCTIBLE 15%

COVERAGE BUILDING LIMIT OF INSURANCE
REPLACEMENT COST \$2,274,367

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

OTHER COVERAGES OR OPTIONS LIMIT OF INSURANCE PREMIUM

AGENT 117-304
JOHN V BRAUNER AGENCY, INC.
PO BOX 70
ARVADA, CO 80001-0070

PHONE 303-423-2030

PAGE 0001
BRANCH UNATRE RENW
ENTRY DATE 07-02-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XH618101

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-079-642 15

EARTHQUAKE

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 10 03 01 06 BP 84 11 07 98

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 85 11 01 07

SECTION II LIABILITY AND MEDICAL EXPENSES

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	\$50,000
LIABILITY AND MEDICAL EXPENSES	\$1,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE
PREMISES NO. 0001 BUILDING NO. 001	12 UNITS	

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 05 98 01 06 BP 10 05 07 02
BP 84 24 01 07 BP 85 04 07 98 BP 85 05 07 98CO BP 85 10 07 98
BP 85 12 01 06 IL 75 26 12 05

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 07 02 BP 05 01 07 02
BP 05 15 01 08 BP 05 24 01 08 BP 05 41 06 08 BP 80 01 01 07
BP 87 01 01 07

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BRANCH UNATRE RENW
ENTRY DATE 07-02-2009

BP AF 01 07 09

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
BUSINESSOWNERS POLICY
DECLARATIONS

POLICY NUMBER
05XH618101

CUSTOMER BILLING ACCOUNT
013-079-642 15

AUTHORIZED
REPRESENTATIVE

John S. Bawner
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 117-304
JOHN V BRAUNER AGENCY, INC.
PO BOX 70
ARVADA, CO 80001-0070

PHONE
303-423-2030

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BRANCH UNATRE RENW
ENTRY DATE 07-02-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY
DECLARATIONS

POLICY NUMBER
05XH618102

CUSTOMER BILLING ACCOUNT
013-029-364 79

NOTICE THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE ENTIRE POLICY CAREFULLY.

NAMED ORGANIZATION RHO CONDO ASSOCIATION

MAILING ADDRESS PO BOX 3095
WINTER PARK, CO 80482-3095

POLICY PERIOD FROM 10-01-2009 TO 10-01-2010
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION
BUSINESS DESCRIPTION Condominium Association - Residential

LIMIT OF LIABILITY
Aggregate for Coverage A, B and C, including "claims expenses" \$1,000,000

RETENTION AMOUNTS
Coverage A (each claim) \$1000
Coverage B (each claim) \$1000
Coverage C (each claim) \$1000

RETROACTIVE DATE
THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE (Coverages A and B): 10-01-2006
RETROACTIVE DATE (Coverages C): 10-01-2006

PENDING OR PRIOR LITIGATION DATE
PENDING OR PRIOR DATE (Coverages A and B): 10-01-2006
PENDING OR PRIOR DATE (Coverages C): 10-01-2006

EXTENDED REPORTING PERIOD
ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

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

IL 09 85 01 08	IL 75 26 12 05	NP 00 00 12 05
NP 00 01 12 05	NP 00 03 04 03	NP 02 28 10 06
NP 21 10 04 03	NP 21 12 04 03	NP 21 15 06 08
NP 28 02 04 03	NP 28 05 04 03	NP 71 02 12 05
NP 71 03 12 05	NP 71 04 12 05	NP 71 07 12 05

AUTHORIZED REPRESENTATIVE

John V Brawner
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 117-304
JOHN V BRAWNER AGENCY, INC.
PO BOX 70
ARVADA, CO 80001-0070

PHONE
303-423-2030

PAGE 01
BRANCH UNATRE RENW
ENTRY DATE 07-06-2009

Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057



REFERENCE NUMBER: 87025538892009
POLICY#: 1927564418

To report a claim call: (800) 787-5677

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
FLOOD POLICY DECLARATIONS

Policy Renewal

TYPE: CONDO

POLICY PERIOD: 12/27/2009 to 12/27/2010

These Declarations are effective as of: 12/27/2009 at 12:01 AM

INSURED NAME & ADDRESS-INS

|||||
RHO CONDO ASSN
PO BOX 3095
WINTER PARK, CO 80482-3095

PRODUCER NAME & MAILING ADDRESS

PRODUCER#: 0000117304
JOHN V BRAWNER AGENCY, INC.
PO BOX 70
ARVADA, CO 80001-0070

PHONE# (303)423-2030

Ref: 09120-03528-000

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
WINTER PARK, TOWN OF

COMMUNITY NUMBER

0803050001A

INSURED PROPERTY ADDRESS

126 HI COUNTRY DRIVE RHO CONDO ASSOC

POLICY TERM: One Year

WINTER PARK, CO 80482

BUILDING DESCRIPTION

Other Residential
Three or More Floors
Slab On Grade
High Rise 12 Units
PROGRAM

Coverage Limitations May Apply, Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION

N/A

Estimated Replacement Cost: \$1,569,381
FLOOD ZONE

Regular

B

CONSTRUCTION
Pre-Firm
Construction

COVERAGE & RATING INFORMATION

BUILDING

Coverage: \$2,662,000
Deductible: \$5,000

Coverage: N/A
Deductible: N/A

Rates: 1.060/ .050

Rates: N/A

CONTENTS

PREMIUM PAID

Premium Subtotal: \$2,879.00
Previous Premium Subtotal: \$.00
ICC Premium: \$6.00
CRS Discount: \$.00
Expense Constant: \$.00
Federal Policy Fee: \$385.00
Endorsement Amount: \$.00

Total Premium:

FIRST MORTGAGEE

SECOND MORTGAGEE

This Declarations Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

Jack Sabour
President

[Signature]
Secretary

INSURED COPY

OXF

American Family Insurance Company

1/25/2010
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