

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

COMMERCIAL LIABILITY UMBRELLA POLICY

POLICY NUMBER
05XH526604

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-091-984 03

NAMED INSURED SIGMA CONDOMINIUM ASSOCIATION

MAILING ADDRESS C/O CMC
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 UNINCORPORATED CONDOMINIUM ASSOCIATION

LIMITS OF INSURANCE

AGGREGATE LIMIT \$2,000,000
EACH OCCURRENCE LIMIT \$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT \$2,000,000

SELF INSURED RETENTION \$10,000

SCHEDULE OF UNDERLYING INSURANCE

UNDERLYING INSURANCE - BUSINESSOWNERS POLICY LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS) \$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT \$4,000,000
LIABILITY & MEDICAL EXPENSES \$2,000,000

UNDERLYING INSURANCE - AUTOMOBILE LIABILITY LIMIT OF INSURANCE
HIRED & NON OWNED AUTO LIABILITY \$2,000,000

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

CU 00 00 12 07 CU 00 01 12 07 CU 00 04 05 09 CU 01 46 09 00 CU 21 12 09 00
CU 21 15 09 00 CU 21 18 09 00 CU 21 23 02 02 CU 21 27 12 04 CU 21 35 06 08
CU 21 42 12 04 CU 21 50 03 05 CU 21 52 12 05 CU 21 56 06 06 CU 71 01 10 01
CU 71 02 10 01 CU 71 08 10 01 CU 73 01 12 04 IL 00 17 11 98 IL 02 28 09 07
IL 09 85 01 08 IL 75 26 12 05

AUTHORIZED REPRESENTATIVE

John Sebaste
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 139-307
SEAN M DEE
PO BOX 108
GRANBY, CO 80446-0108

PHONE
970-887-9770

PAGE 01
BRANCH CJW019 RENW
ENTRY DATE 07-24-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XH526601CUSTOMER BILLING ACCOUNT
013-091-872 21

NAMED INSURED SIGMA CONDOMINIUM ASSOCIATION

MAILING ADDRESS C/O CMC
PO BOX 3095
WINTER PARK, CO 80482-3095POLICY 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 159 HI COUNTRY DR
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 15
CONSTRUCTION FRAME
YEAR BUILT 1976
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
SEWER BACKUP AND SUMP OVERFLOW DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE
BUILDING REPLACEMENT COST	\$3,315,414
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$1,170
AUTOMATIC INCREASE IN COVERAGE	4%

AGENT 139-307
SEAN M DEE
PO BOX 108
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970-887-9770PAGE 0001
BRANCH UNATRE RENW
ENTRY DATE 07-02-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XH526601

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

013-091-872 21

ADDITIONAL COVERAGE
BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED

OPTIONAL COVERAGES
MECHANICAL BREAKDOWN

LIMIT OF INSURANCE
INCLUDED

OTHER COVERAGES OR OPTIONS
WATER BACKUP AND SUMP OVERFLOW

LIMIT OF INSURANCE
\$5,000

ORDINANCE OR LAW COVERAGE

SEE BP 04 46

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 04 46 01 06

BP 84 09 01 07

BP 84 10 07 98

BP 84 11 07 98

MORTGAGEHOLDER **LOAN NO.** 182806518
BAC HOME LOANS SERVICING LP
ITS SUCCESSORS AND/OR ITS ASSIGNS ATIMA
PO BOX 961206
FORT WORTH, TX 76161-0206

PREMISE NO. 0001 **BUILDING NO.** 001

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 10 09 01 06

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 OPERATONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$50,000
LIABILITY AND MEDICAL EXPENSES	\$2,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE
PREMISES NO. 0001 BUILDING NO. 001	15 UNITS	

AGENT 139-307
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PO BOX 108
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PAGE 0002
BRANCH UNATRE **RENEW**
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

05XH526601

CUSTOMER BILLING ACCOUNT

013-091-872 21

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 04 01 06	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 07 03 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			

AUTHORIZED REPRESENTATIVE

Jack Sabauer
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 139-307
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PO BOX 108
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PAGE 0003
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
NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY
DECLARATIONS

POLICY NUMBER
05XH526602

CUSTOMER BILLING ACCOUNT
013-091-956 38

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

NAMED ORGANIZATION SIGMA CONDOMINIUM ASSOCIATION

MAILING ADDRESS C/O CMC
 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" \$2,000,000

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

Jack Sebouse
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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