

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XH537601CUSTOMER BILLING ACCOUNT
013-102-651 89NAMED OMEGA CONDO ASSOCIATION
INSUREDMAILING C/O CMC
ADDRESS 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 246 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 1978
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	\$3,603,008
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$1,170
AUTOMATIC INCREASE IN COVERAGE	4%

AGENT 139-307
SEAN M DEE
PO BOX 108
GRANBY, CO 80446-0108PHONE
970-887-9770PAGE 0001
BRANCH CJW019 RENW
ENTRY DATE 07-06-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XH537601

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CUSTOMER BILLING ACCOUNT
013-102-651 89

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

TOTAL ADVANCE PROPERTY PREMIUM \$7,276.00

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 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)	\$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	

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

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BP AF 01 07 09

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XH537601

CUSTOMER BILLING ACCOUNT
013-102-651 89

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 05 15 01 08
BP 87 01 01 07

BP 00 03 01 06
BP 05 24 01 08

BP 01 81 07 02
BP 05 41 06 08

BP 05 01 07 02
BP 80 01 01 07

AUTHORIZED
REPRESENTATIVE

John Santorello
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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

PHONE
970-887-9770

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ENTRY DATE 07-06-2009

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
05XH537602

CUSTOMER BILLING ACCOUNT
013-123-624 87

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

NAMED ORGANIZATION OMEGA CONDO 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
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President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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