

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER

05XH540101

CUSTOMER BILLING ACCOUNT

013-085-546 11

NAMED HI COUNTRY #25 HOMEOWNERS ASSOCIATION
INSURED

MAILING C/O CMC
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

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 426 HI COUNTRY DR
WINTER PARK, CO 80482

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1982
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	\$871,992
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$1,170
AUTOMATIC INCREASE IN COVERAGE	4%

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

PHONE
970-887-9770

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

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XH540101

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

013-085-546 11

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

\$1,605.00

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 EXPENSESEach 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**

AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)

LIMIT OF INSURANCE

\$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

6 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

AGENT 139-307**PHONE****PAGE 0002**

SEAN M DEE

970-887-9770

BRANCH UNATRE RENW

PO BOX 108

ENTRY DATE 07-02-2009

GRANBY, CO 80446-0108

BP AF 01 07 09

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-085-546 11

POLICY NUMBER
05XH540101

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 S. Howell
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 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
05XH540102

CUSTOMER BILLING ACCOUNT
013-089-437 03

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

NAMED ORGANIZATION BUILDING #25 HOME OWNERS 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 Salovey
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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

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BRANCH CJW019 RENW
ENTRY DATE 07-07-2009