

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY****DECLARATIONS**POLICY NUMBER  
05XH364001CUSTOMER BILLING ACCOUNT  
012-760-253 65NAMED HI COUNTRY HAUS BUILDING 26 ASSOCIATION  
INSUREDMAILING C/O CMC  
ADDRESS PO BOX 3095  
WINTER PARK, CO 80482-3095POLICY PERIOD FROM 08-01-2009 TO 08-01-2010  
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**

ALL PROPERTY COVERAGES ARE SUBJECT TO THE FOLLOWING:

COVERED CAUSES OF LOSS SPECIAL - RISK OF DIRECT PHYSICAL LOSS

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 59 RIVER DR  
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE  
NUMBER OF UNITS 9  
CONSTRUCTION FRAME  
YEAR BUILT 1985  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

POLICY 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	\$909,747
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 BLB049 RENW  
ENTRY DATE 05-21-2009

## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

POLICY NUMBER  
05XH364001

## DECLARATIONS

CUSTOMER BILLING ACCOUNT  
012-760-253 65ADDITIONAL COVERAGE  
BUSINESS INCOMELIMIT OF INSURANCE  
ACTUAL LOSS SUSTAINED

## OTHER COVERAGES OR OPTIONS

LIMIT OF INSURANCE

SEWER BACKUP AND SUMP OVERFLOW  
ORDINANCE OR LAW COVERAGE

\$5,000

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

\$1,522.00

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

Except for Damage To Premises Rented To You, 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

9 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

BP 85 05 07 98CO

BP 85 10 07 98

BP 85 12 01 06

IL 75 26 12 05

AGENT 139-307

PHONE

PAGE 0002

SEAN M DEE

970-887-9770

BRANCH BLB049 RENW

PO BOX 108

ENTRY DATE 05-21-2009

GRANBY, CO 80446-0108

BP AF 01 09 06

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER  
05XH364001

CUSTOMER BILLING ACCOUNT  
012-760-253 65

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

*John Sebold*  
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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BRANCH BLB049 RENW  
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BP AF 01 09 06

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

NON-PROFIT DIRECTORS AND OFFICERS LIABILITY POLICY

DECLARATIONS

POLICY NUMBER  
05XH364002

CUSTOMER BILLING ACCOUNT  
012-900-953 80

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

NAMED ORGANIZATION HI COUNTRY HAUS BUILDING 26 ASSOCIATION

MAILING ADDRESS C/O CMC  
PO BOX 3095  
WINTER PARK, CO 80482-3095

POLICY PERIOD FROM 08-01-2009 TO 08-01-2010  
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): 08-01-2006  
RETROACTIVE DATE (Coverages C): 08-01-2006

PENDING OR PRIOR LITIGATION DATE  
PENDING OR PRIOR DATE (Coverages A and B): 08-01-2006  
PENDING OR PRIOR DATE (Coverages C): 08-01-2006

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 Seaborn*  
President

*[Signature]*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

AGENT 139-307  
SEAN M DEE  
PO BOX 108  
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970-887-9770

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BRANCH CLS060 RENW  
ENTRY DATE 05-27-2009