

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS****POLICY NUMBER**

05XH537501

CUSTOMER BILLING ACCOUNT

013-090-034 71

NAMED INSURED SLOPESIDE VILLAGE OWNERS ASSOCIATION INC**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

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.** BLANKET 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 100 CLOVER LN
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315**DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001
LOCATION 200 CLOVER LN
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315AGENT 139-307
SEAN M DEE
PO BOX 108
GRANBY, CO 80446-0108PHONE
970-887-9770PAGE 0001
BRANCH BJS026 RENW
ENTRY DATE 08-12-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XH537501

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-090-034 71

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
LOCATION 205 CLOVER LN
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 3
CONSTRUCTION FRAME
YEAR BUILT 1999
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001
LOCATION 113 CLOVER LN
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1999
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001
LOCATION 97 CLOVER LN
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 2002
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

DESCRIPTION OF PREMISES

PREMISES NO. 0006 BUILDING NO. 001
LOCATION 81 CLOVER LN
WINTER PARK, CO 80482AGENT 139-307
SEAN M DEE
PO BOX 108
GRANBY, CO 80446-0108PHONE
970-887-9770PAGE 0002
BRANCH BJS026 RENW
ENTRY DATE 08-12-2009

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

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BUSINESSOWNERS POLICY

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013-090-034 71

BUILDING INTEREST LEASED TO OTHERS
 PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
 NUMBER OF UNITS 5
 CONSTRUCTION FRAME
 YEAR BUILT 2003
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

DESCRIPTION OF PREMISES

PREMISES NO. 0007 BUILDING NO. 001
 LOCATION 25 CLOVER LN
 WINTER PARK, CO 80482

BUILDING INTEREST LEASED TO OTHERS
 PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
 NUMBER OF UNITS 2
 CONSTRUCTION FRAME
 YEAR BUILT 2005
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

DESCRIPTION OF PREMISES

PREMISES NO. 0008 BUILDING NO. 001
 LOCATION 4 AND 6 FIR DR
 WINTER PARK CO 80482

BUILDING INTEREST LEASED TO OTHERS
 PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
 NUMBER OF UNITS 2
 CONSTRUCTION FRAME
 YEAR BUILT 2006
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 315

PROPERTY DEDUCTIBLE \$2,500

OTHER PROPERTY DEDUCTIBLE(S)

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

COVERAGE

BUILDING - Blanket
 REPLACEMENT COST

LIMIT OF INSURANCE

\$13,714,042

BUSINESS PERSONAL PROPERTY - Blanket
 REPLACEMENT COST

\$9,315

AGENT 139-307
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PAGE 0003
 BRANCH BJS026 RENW
 ENTRY DATE 08-12-2009

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MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XH537501**DECLARATIONS**CUSTOMER BILLING ACCOUNT
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AUTOMATIC INCREASE IN COVERAGE 4%

ADDITIONAL COVERAGE
BUSINESS INCOMELIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED**OTHER COVERAGES OR OPTIONS**

LIMIT OF INSURANCE

WATER BACKUP AND SUMP OVERFLOW

\$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

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 84 04 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	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
PREM 0002 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0003 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0004 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0005 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0006 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0007 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0008 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS	

AGENT 139-307
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970-887-9770PAGE 0004
BRANCH BJS026 RENW
ENTRY DATE 08-12-2009

BP AF 01 07 09

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XH537501

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-090-034 71

PREMISES NO. 0002	BUILDING NO. 001	4 UNITS
PREMISES NO. 0003	BUILDING NO. 001	3 UNITS
PREMISES NO. 0004	BUILDING NO. 001	4 UNITS
PREMISES NO. 0005	BUILDING NO. 001	4 UNITS
PREMISES NO. 0006	BUILDING NO. 001	5 UNITS
PREMISES NO. 0007	BUILDING NO. 001	2 UNITS
PREMISES NO. 0008	BUILDING NO. 001	2 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

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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PAGE 0005
BRANCH BJS026 RENW
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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
05XH537501

CUSTOMER BILLING ACCOUNT
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AUTHORIZED
REPRESENTATIVE


President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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

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PAGE 0006
BRANCH BJS026 RENW
ENTRY DATE 08-12-2009

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

POLICY NUMBER
05XH537502

CUSTOMER BILLING ACCOUNT
013-090-137 61

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

NAMED ORGANIZATION SLOPESIDE VILLAGE OWNERS ASSOCIATION INC

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.

TOTAL DIRECTORS AND OFFICERS PREMIUM
TOTAL ADVANCE PREMIUM

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 01 12 05
NP 71 02 12 05	NP 71 03 12 05	NP 71 04 12 05
NP 71 07 12 05		

AUTHORIZED
REPRESENTATIVE

Jack S. Szwed
President

Michael J. Szwed
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 139-307
 SEAN M DEE
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PAGE 01
 BRANCH BJS026 RENW
 ENTRY DATE 07-07-2009