



## AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

## DECLARATIONS

POLICY NUMBER  
05XY875001CUSTOMER BILLING ACCOUNT  
013-090-210 77NAMED CRESTVIEW PLACE CONDOMINIUM ASSOC INC  
INSUREDMAILING C/O C M C  
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 79080 US HIGHWAY 40  
WINTER PARK, CO 80482BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITH MERCANTILE  
NUMBER OF UNITS 38  
CONSTRUCTION FRAME  
YEAR BUILT 1984  
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	\$9,097,473
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$5,849
AUTOMATIC INCREASE IN COVERAGE	4%

AGENT 139-307  
SEAN M DEE  
PO BOX 108  
GRANBY, CO 80446-0108PHONE  
970-887-9770PAGE 0001  
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  
05XY875001**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
013-090-210 77ADDITIONAL 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 30 01 06

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 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		
	38 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 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 BJS026 RENW

PO BOX 108

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

CUSTOMER BILLING ACCOUNT

013-090-210 77

POLICY NUMBER  
05XY875001

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 Sabone*  
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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INSURED

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

POLICY NUMBER  
05XY875002

CUSTOMER BILLING ACCOUNT  
013-090-257 04

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

NAMED ORGANIZATION CRESTVIEW PLACE HOMEOWNERS 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 Sebore*  
President

*[Signature]*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

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

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970-887-9770

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BRANCH CJW019 RENW  
ENTRY DATE 07-10-2009