

BUSINESSOWNERS POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group

THIS POLICY CONSISTS OF:

- **DECLARATIONS**
- **BUSINESSOWNERS COVERAGE FORM**
- **APPLICABLE FORMS AND ENDORSEMENTS**

Notification of changes to the Businessowners Policy that occur during the policy term will be made using a change endorsement that is issued by us and made a part of this policy. Whenever the sentence "Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations" appears in an endorsement attached to this policy, the sentence is changed to read:

Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declaration or on a change endorsement issued by us, and made a part of this policy.

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS****POLICY NUMBER**
05XR005503**CUSTOMER BILLING ACCOUNT**
017-013-532 11**NAMED INSURED** ARBORS AT MOUNTAIN SHADOWS CONDOMINIUM OWNERS ASSOCIATION INC**MAILING ADDRESS** C/O WAYNETTE RAND
2192 DENTON GRV
COLORADO SPGS, CO 80919-5138**POLICY PERIOD** FROM 11-11-2017 TO 11-11-2018
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 2110 ALICIA PT
COLORADO SPGS, CO 80919-5116BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1996**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL** 357**POLICY PROPERTY DEDUCTIBLE** \$10,000**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066**PHONE**
719-282-6767
719-260-7775**PAGE** 0001
BRANCH HNC003 **RENEW**
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11**ADDITIONAL COVERAGE**
BUSINESS INCOME**LIMIT OF INSURANCE**
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15
BP 85 11 12 08

BP 03 12 01 06

BP 04 30 01 06

BP 84 11 07 98

DESCRIPTION OF PREMISESPREMISES NO. 0002 BUILDING NO. 001
LOCATION 2120 ALICIA PT
COLORADO SPGS, CO 80919-5100BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357****POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**
BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**
\$852,085**PREMIUM**
\$2,349.00**ADDITIONAL COVERAGE**
BUSINESS INCOME**LIMIT OF INSURANCE**
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15
BP 85 11 12 08

BP 03 12 01 06

BP 04 30 01 06

BP 84 11 07 98

DESCRIPTION OF PREMISESPREMISES NO. 0003 BUILDING NO. 001
LOCATION 2112 ALICIA PT
COLORADO SPGS, CO 80919AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0002
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357**POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001
LOCATION 2125 ALICIA PT
COLORADO SPGS, CO 80919-5118BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6

CONSTRUCTION FRAME

YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357**POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0003
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15	BP 03 12 01 06	BP 04 30 01 06	BP 84 11 07 98
BP 85 11 12 08			

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001
 LOCATION 2130 ALICIA PT
 COLORADO SPGS, CO 80919-5119

BUILDING INTEREST LEASED TO OTHERS
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6
 CONSTRUCTION FRAME
 YEAR BUILT 1996
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE	\$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE	2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15	BP 03 12 01 06	BP 04 30 01 06	BP 84 11 07 98
BP 85 11 12 08			

AGENT 213-306
 BOB MONROE
 3472 RESEARCH PKWY STE 103
 COLORADO SPRINGS, CO 80920-1066

PHONE
 719-282-6767
 719-260-7775

PAGE 0004
BRANCH HNC003 **RENEW**
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XR005503CUSTOMER BILLING ACCOUNT
017-013-532 11**DESCRIPTION OF PREMISES**PREMISES NO. 0006 BUILDING NO. 001
LOCATION 2140 ALICIA PT
COLORADO SPGS, CO 80919-5101BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0007 BUILDING NO. 001
LOCATION 2150 ALICIA PT
COLORADO SPGS, CO 80919-5170BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0005
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$852,085

PREMIUM

\$2,349.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0008 BUILDING NO. 001
LOCATION 2160 ALICIA PT
 COLORADO SPGS, CO 80919-5120BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$630,924

PREMIUM

\$1,713.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDAGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0006
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0009 BUILDING NO. 001
LOCATION 2170 ALICIA PT
 COLORADO SPGS, CO 80919-5103

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0010 BUILDING NO. 001
LOCATION 2175 ALICIA PT
 COLORADO SPGS, CO 80919-5129

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

AGENT 213-306	PHONE	PAGE 0007
BOB MONROE	719-282-6767	BRANCH HNC003 RENW
3472 RESEARCH PKWY STE 103	719-260-7775	ENTRY DATE 08-31-2017
COLORADO SPRINGS, CO 80920-1066		

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0011 BUILDING NO. 001
LOCATION 2180 ALICIA PT
COLORADO SPGS, CO 80919-5122BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0008
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11**ADDITIONAL COVERAGE**
BUSINESS INCOME**LIMIT OF INSURANCE**
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0012 BUILDING NO. 001
LOCATION 2185 ALICIA PT
 COLORADO SPGS, CO 80919-5104BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357****POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**
\$852,085**PREMIUM**
\$2,349.00**ADDITIONAL COVERAGE**
BUSINESS INCOME**LIMIT OF INSURANCE**
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0013 BUILDING NO. 001
LOCATION 2190 ALICIA PT
 COLORADO SPGS, CO 80919-5130AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0009
BRANCH HNCO03 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357**POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0014 BUILDING NO. 001
LOCATION 2195 ALICIA PT
COLORADO SPGS, CO 80919-5171BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357**POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0010
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15	BP 03 12 01 06	BP 04 30 01 06	BP 84 11 07 98
BP 85 11 12 08			

DESCRIPTION OF PREMISES

PREMISES NO. 0015 BUILDING NO. 001
 LOCATION 2117 DENTON GRV
 COLORADO SPGS, CO 80919-5124

BUILDING INTEREST LEASED TO OTHERS
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4
 CONSTRUCTION FRAME
 YEAR BUILT 1996
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE	\$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE	2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15	BP 03 12 01 06	BP 04 30 01 06	BP 84 11 07 98
BP 85 11 12 08			

AGENT 213-306
 BOB MONROE
 3472 RESEARCH PKWY STE 103
 COLORADO SPRINGS, CO 80920-1066

PHONE
 719-282-6767
 719-260-7775

PAGE 0011
BRANCH HNC003 **RENEW**
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XR005503CUSTOMER BILLING ACCOUNT
017-013-532 11**DESCRIPTION OF PREMISES**PREMISES NO. 0016 BUILDING NO. 001
LOCATION 2122 DENTON GRV
COLORADO SPGS, CO 80919-5107BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0017 BUILDING NO. 001
LOCATION 2127 DENTON GRV
COLORADO SPGS, CO 80919-5125BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0012
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$852,085

PREMIUM

\$2,349.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0018 BUILDING NO. 001
LOCATION 2132 DENTON GRV
 COLORADO SPGS, CO 80919-5108BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$852,085

PREMIUM

\$2,349.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDAGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0013
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0019 BUILDING NO. 001
LOCATION 2137 DENTON GRV
 COLORADO SPGS, CO 80919-5131

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357**POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0020 BUILDING NO. 001
LOCATION 2142 DENTON GRV
 COLORADO SPGS, CO 80919-5126

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6

AGENT 213-306	PHONE	PAGE 0014
BOB MONROE	719-282-6767	BRANCH HNC003 RENEW
3472 RESEARCH PKWY STE 103	719-260-7775	ENTRY DATE 08-31-2017
COLORADO SPRINGS, CO 80920-1066		

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0021 BUILDING NO. 001
LOCATION 2147 DENTON GRV
COLORADO SPGS, CO 80919-5109BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0015
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11**ADDITIONAL COVERAGE**
BUSINESS INCOME**LIMIT OF INSURANCE**
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0022 BUILDING NO. 001
LOCATION 2152 DENTON GRV
 COLORADO SPGS, CO 80919-5172BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357****POLICY PROPERTY DEDUCTIBLE \$10,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**
\$852,085**PREMIUM**
\$2,349.00**ADDITIONAL COVERAGE**
BUSINESS INCOME**LIMIT OF INSURANCE**
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0023 BUILDING NO. 001
LOCATION 2162 DENTON GRV
 COLORADO SPGS, CO 80919-5127**AGENT 213-306**
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066**PHONE**
719-282-6767
719-260-7775**PAGE 0016**
BRANCH HNCO03 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XR005503

DECLARATIONS

CUSTOMER BILLING ACCOUNT
017-013-532 11

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0024 BUILDING NO. 001
LOCATION 2172 DENTON GRV
COLORADO SPGS, CO 80919-5112

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066

PHONE
719-282-6767
719-260-7775

PAGE 0017
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$588,264	\$1,645.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15	BP 03 12 01 06	BP 04 30 01 06	BP 84 11 07 98
BP 85 11 12 08			

DESCRIPTION OF PREMISES

PREMISES NO. 0025 BUILDING NO. 001
 LOCATION 2182 DENTON GRV
 COLORADO SPGS, CO 80919-5132

BUILDING INTEREST LEASED TO OTHERS
 PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4
 CONSTRUCTION FRAME
 YEAR BUILT 1996
 COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE	\$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE	2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$630,924	\$1,713.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15	BP 03 12 01 06	BP 04 30 01 06	BP 84 11 07 98
BP 85 11 12 08			

AGENT 213-306
 BOB MONROE
 3472 RESEARCH PKWY STE 103
 COLORADO SPRINGS, CO 80920-1066

PHONE
 719-282-6767
 719-260-7775

PAGE 0018
BRANCH HNC003 **RENEW**
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XR005503CUSTOMER BILLING ACCOUNT
017-013-532 11**DESCRIPTION OF PREMISES**PREMISES NO. 0026 BUILDING NO. 001
LOCATION 2187 DENTON GRV
COLORADO SPGS, CO 80919-5128BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$852,085	\$2,349.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0027 BUILDING NO. 001
LOCATION 2197 DENTON GRV
COLORADO SPGS, CO 80919-5113BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0019
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COSTLIMIT OF INSURANCE
\$852,085PREMIUM
\$2,349.00**ADDITIONAL COVERAGE**

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINEDPREMIUM
INCLUDEDProperty 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 85 17 09 15 BP 03 12 01 06 BP 04 30 01 06 BP 84 11 07 98
BP 85 11 12 08**DESCRIPTION OF PREMISES**PREMISES NO. 0028 BUILDING NO. 001
LOCATION 2192 DENTON GRV
 COLORADO SPGS, CO 80919-5191BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 1
CONSTRUCTION FRAME
YEAR BUILT 1996
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 357

POLICY PROPERTY DEDUCTIBLE \$10,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 2%**COVERAGE**BUILDING
REPLACEMENT COSTLIMIT OF INSURANCE
\$381,698PREMIUM
\$920.00AUXILIARY BUILDINGS/STRUCTURES
REPLACEMENT COST

SEE BP 85 11

\$99.00

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066PHONE
719-282-6767
719-260-7775PAGE 0020
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11ADDITIONAL COVERAGE
BUSINESS INCOMELIMIT OF INSURANCE
ACTUAL LOSS SUSTAINEDPREMIUM
INCLUDED

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 85 17 09 15
BP 85 11 12 08

BP 03 12 01 06

BP 04 30 01 06

BP 84 11 07 98

APPLICABLE PROPERTY ENDORSEMENT CHARGES**\$2,601.00****TOTAL ADVANCE PROPERTY PREMIUM****\$59,343.00**

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

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)
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT

\$4,000,000
\$4,000,000

DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES

\$50,000

LIABILITY - EACH OCCURENCE LIMIT

\$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
PREM 0009	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0010	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0011	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0012	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0013	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0014	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066

PHONE
719-282-6767
719-260-7775

PAGE 0021
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11

PREM 0015	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0016	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0017	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0018	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0019	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0020	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0021	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0022	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0023	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0024	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0025	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0026	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0027	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0028	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS		\$27.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS		\$41.00
PREMISES NO. 0003 BUILDING NO. 001	4 UNITS		\$27.00
PREMISES NO. 0004 BUILDING NO. 001	6 UNITS		\$41.00
PREMISES NO. 0005 BUILDING NO. 001	6 UNITS		\$41.00
PREMISES NO. 0006 BUILDING NO. 001	6 UNITS		\$41.00
PREMISES NO. 0007 BUILDING NO. 001	6 UNITS		\$41.00
PREMISES NO. 0008 BUILDING NO. 001	4 UNITS		\$27.00
PREMISES NO. 0009 BUILDING NO. 001			

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066

PHONE
719-282-6767
719-260-7775

PAGE 0022
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XR005503**DECLARATIONS**CUSTOMER BILLING ACCOUNT
017-013-532 11

	6 UNITS	\$41.00
PREMISES NO. 0010 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0011 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0012 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0013 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0014 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0015 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0016 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0017 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0018 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0019 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0020 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0021 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0022 BUILDING NO. 001		

AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066

PHONE
719-282-6767
719-260-7775

PAGE 0023
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XR005503**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
017-013-532 11

	6 UNITS	\$41.00
PREMISES NO. 0023 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0024 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0025 BUILDING NO. 001	4 UNITS	\$27.00
PREMISES NO. 0026 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0027 BUILDING NO. 001	6 UNITS	\$41.00
PREMISES NO. 0028 BUILDING NO. 001	1 POOLS	\$105.00
	1 UNITS	\$7.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$148.00**TOTAL ADVANCE BUSINESS LIABILITY PREMIUM** \$1,213.00

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 10 05 07 02
BP 14 60 06 10	BP 84 24 01 07	BP 85 04 07 10	BP 85 05 07 98CO
BP 85 10 07 98	BP 85 12 01 06	IL 75 26 12 05	

TOTAL ADVANCE BUSINESS PREMIUM \$60,556.00**This premium may be subject to adjustment.**

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 11 13	BP 05 01 07 02
BP 05 15 01 15	BP 05 24 01 15	BP 05 41 01 15	BP 80 01 05 17
BP 87 01 08 10	BP 87 90 08 10		

AUTHORIZED
REPRESENTATIVE

 Jack Sabomel
 President


 Secretary
COUNTERSIGNED
LICENSED RESIDENT AGENT
AGENT 213-306
BOB MONROE
3472 RESEARCH PKWY STE 103
COLORADO SPRINGS, CO 80920-1066
PHONE
719-282-6767
719-260-7775
PAGE 0024
BRANCH HNC003 RENW
ENTRY DATE 08-31-2017

**BUSINESSOWNERS
BP 01 81 11 13**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

- A. Section II- Liability** is amended as follows: The term "spouse" is replaced by the following: Spouse or party to a civil union recognized under Colorado law.
- B. Section III - Common Policy Conditions** is amended as follows:
1. Paragraph **A.2. Cancellation** is replaced by the following:
 2. If this policy has been in effect for less than 60 days, we may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
 2. The following is added to Paragraph A. Cancellation:
 7. **Cancellation of Policies in Effect for 60 Days or More**
 - a. If this policy has been in effect for 60 days or more, or is a renewal of a policy we issued, we may cancel this policy by mailing through first-class mail to the first Named Insured written notice of cancellation:
 - (1) Including the actual reason, at least 10 days before the effective date of cancellation, if we cancel for nonpayment of premium; or
 - (2) At least 45 days before the effective date of cancellation if we cancel for any other reason.

We may only cancel this policy based on one or more of the following reasons:

 - (1) Nonpayment of premium;
 - (2) A false statement knowingly made by the insured on the application for insurance; or
 - (3) A substantial change in the exposure or risk other than that indicated in the application and underwritten as of the effective date of the policy unless the first Named Insured has notified us of the change and we accept such change.
3. **Paragraph C. Concealment, Misrepresentation Or Fraud** is replaced by the following:
- C. Concealment, Misrepresentation Or Fraud**
- We will not pay for any loss or damage in any case of:
1. Concealment or misrepresentation of a material fact; or
 2. Fraud;

Committed by you or any other insured at any time and relating to coverage under this policy.
4. The following Paragraph is added and supersedes any other provision to the contrary:
- NONRENEWAL**
- If we decide not to renew this policy, we will mail through first-class mail to the first Named Insured shown in the Declarations written notice of the nonrenewal at least 45 days before the expiration date, or its anniversary date if it is a policy written for a term of more than one year or with no fixed expiration date.
- If notice is mailed, proof of mailing will be sufficient proof of notice.
5. The following paragraph is added:
- INCREASE IN PREMIUM OR DECREASE IN COVERAGE**
- We will not increase the premium unilaterally or decrease the coverage benefits on renewal of this policy unless we mail through first-class mail written notice of our intention, including the actual reason, to the first Named Insured's last mailing address known to us, at least 45 days before the effective date.
- Any decrease in coverage during the policy term must be based on one or more of the following reasons:
- a. Nonpayment of premium;
 - b. A false statement knowingly made by the insured on the application for insurance; or
 - c. A substantial change in the exposure or risk other than that indicated in the application and underwritten as of the effective date of the policy unless the first Named Insured has notified us of the change and we accept such change.
- If notice is mailed, proof of mailing will be sufficient proof of notice.

POLICY NUMBER: 05XR005503

BUSINESSOWNERS
BP 04 04 01 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NON-OWNED AUTO LIABILITY**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE	
Coverage	Additional Premium
A. Hired Auto Liability:	INCLUDED
B. Non-Owned Auto Liability:	INCLUDED
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A.** Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.
- 1. Hired Auto Liability**
The insurance provided under Paragraph **A.1. Business Liability in Section II – Liability**, applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.
- 2. Non-Owned Auto Liability**
The insurance provided under Paragraph **A.1. Business Liability in Section II – Liability**, applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.
- B.** For insurance provided by this endorsement only:
- 1.** The exclusions, under the Paragraph **B.1. Applicable To Business Liability Coverage in Section II – Liability**, other than Exclusions **a., b., d., f.** and **i.** and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:
- a.** "Bodily injury" to:
- (1) An "employee" of the insured arising out of and in the course of:
- (a) Employment by the insured; or
(b) Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.
- This exclusion applies:
- (1) Whether the insured may be liable as an employer or in any other capacity; and
(2) To any obligation to share damages with or repay someone else who must pay damages because of injury.
- This exclusion does not apply to:
- (1) Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.
- b.** "Property damage" to:
- (1) Property owned or being transported by, or rented or loaned to the insured; or
(2) Property in the care, custody or control of the insured.
- 2.** Paragraph **C. Who Is An Insured in Section II – Liability**, is replaced by the following:
- 1.** Each of the following is an insured under this endorsement to the extent set forth below:
- a.** You;
- b.** Any other person using a "hired auto" with your permission;
- c.** For a "non-owned auto":
- (1) Any partner or "executive officer" of yours; or
(2) Any "employee" of yours but only while such "non-owned auto" is being used in your business; and
- d.** Any other person or organization, but only for their liability because of acts or omissions of an insured under **a., b.** or **c.** above.
- 2.** None of the following is an insured:
- a.** Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
- b.** Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
 - e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
- C.** The following additional definitions apply:
1. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 2. "Hired Auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
 3. "Non-Owned Auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

POLICY NUMBER: 05XR005503

BUSINESSOWNERS
BP 04 30 01 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE			
Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Description Of "P-9" If Applicable:
0001	001	P-1	
0002	001	P-1	
0003	001	P-1	
0004	001	P-1	
0005	001	P-1	
0006	001	P-1	
0007	001	P-1	
0008	001	P-1	
0009	001	P-1	
0010	001	P-1	
0011	001	P-1	
0012	001	P-1	
0013	001	P-1	
0014	001	P-1	
0015	001	P-1	
0016	001	P-1	
0017	001	P-1	
0018	001	P-1	
0019	001	P-1	
0020	001	P-1	
0021	001	P-1	
0022	001	P-1	
0023	001	P-1	
0024	001	P-1	
0025	001	P-1	
0026	001	P-1	
0027	001	P-1	
0028	001	P-1	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following is added to the **Property General Conditions** in **Section I – Property:**

PROTECTIVE SAFEGUARDS

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

2. The protective safeguards to which this endorsement applies are identified by the following symbols:

- a. **"P-1" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:

- (a) Sprinklers and discharge nozzles;
 - (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
- (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.
- b. **"P-2" Automatic Fire Alarm**, protecting the entire building, that is:
- (1) Connected to a central station; or
 - (2) Reporting to a public or private fire alarm station.
- c. **"P-3" Security Service**, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

d. **"P-4" Service Contract**, with a privately owned fire department providing fire protection service to the described premises.

e. **"P-9"**, the protective system described in the Schedule.

B. The following is added to Paragraph B. Exclusions in Section I – Property:

We will not pay for loss or damages caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

POLICY NUMBER: 05XR005503

BUSINESSOWNERS
BP 85 11 12 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
BUILDING AND BUSINESS PERSONAL PROPERTY CHANGES**

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE*				
Premises No.	Building No.	Auxiliary Building/Structure Description	Auxiliary Building/Structure Limit	Auxiliary Buildings Business Personal Property Limit
28	1	MISC ITEMS	\$50,519	

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

Section I - Property is amended as follows:

A. Paragraph A.1. Covered Property is replaced with the following:

Covered Property includes Building as described under Paragraph **a.** below, Business Personal Property as described under Paragraph **b.** below, Auxiliary Buildings/Structures as described under Paragraph **c.** below, Auxiliary Buildings Business Personal Property as described under Paragraph **d.** below, or all four, depending on whether a Limit of Insurance is shown in the Declarations for that type of property. Regardless of whether coverage is shown in the Declarations for Buildings, Business Personal Property, Auxiliary Buildings/Structures, Auxiliary Buildings Business Personal Property, or all four, there is no coverage for property described under Paragraph **A.2. Property Not Covered.**

- a.** Building, means the described building shown in the Declarations, including:
- (1) Completed additions;
 - (2) Fixtures, including outdoor fixtures;
 - (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
 - (4) Your personal property in apartments, rooms or common areas furnished by you as landlord;
 - (5) Personal property owned by you that is used to maintain or service the described building or the premises, including:
 - (a) Fire extinguishing equipment;
 - (b) Outdoor furniture;
 - (c) Floor coverings; and
 - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (6) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the described building;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the described building.
- b.** Business Personal Property located in or on the described building at the premises shown in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, including:
- (1) Property you own that is used in your business;
 - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3) Tenant's improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:

- (a) Made a part of the described building you occupy but do not own; and
 - (b) You acquired or made at your expense but cannot legally remove;
- (4) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**; and
 - (5) Exterior building glass, if you are a tenant and no Limit of Insurance is shown in the Declarations for Building property. The glass must be owned by you or in your care, custody or control.
- c.** Auxiliary Buildings/Structures, meaning the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Completed additions;
 - (2) Fixtures;
 - (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
 - (4) Personal property owned by you that is used to maintain or service the auxiliary buildings/structures, including:
 - (a) Fire extinguishing equipment;
 - (b) Floor coverings; and
 - (c) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (5) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the auxiliary buildings/structures;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the auxiliary buildings/structures, used for making additions, alterations or repairs to the auxiliary buildings/structures.
- d.** Auxiliary Buildings Business Personal Property located in or on the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Property you own that is used in your business;
 - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**.
- B.** The following is added to **E.3.**, Property Loss Conditions – Duties In the Event of Loss or Damage:
- (10) Keep records of your property in such a way that we can accurately determine the amount of any loss.

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.

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Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.