

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XU830301

CUSTOMER BILLING ACCOUNT
019-437-967 91

NAMED INSURED WEST WILLOW I & II CONDOMINIUM ASSOCIATION

MAILING ADDRESS C/O JARMIK PROPERTY MANAGEMENT INC
PO BOX 3071
TELLURIDE, CO 81435-3071

POLICY PERIOD FROM 01-16-2019 TO 01-16-2020
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. 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 149 TOMBOY RD
TELLURIDE, CO 81435

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

NUMBER OF UNITS 3
CONSTRUCTION FRAME
YEAR BUILT 1979
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 373

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 149 TOMBOY RD BLDG 2
TELLURIDE, CO 81435

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1979

00000 003006 000499 0499 00000



AGENT 012-307
THE DIETER AGENCY LLC
315 S 12TH ST UNIT B
MONTROSE, CO 81401-5061

PHONE
970-240-2155

PAGE 0001
BRANCH RAB024 **RENEW**
ENTRY DATE 11-12-2018

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The Following Applies To All Premises Identified In This Declaration

POLICY PROPERTY DEDUCTIBLE \$2,500

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE

BUILDING - Blanket
REPLACEMENT COST

LIMIT OF INSURANCE

\$2,417,592

PREMIUM

\$4,458.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE

ACTUAL LOSS SUSTAINED

PREMIUM

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 84 11 07 98 BP 85 11 12 08

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$316.00

TOTAL ADVANCE PROPERTY PREMIUM \$4,774.00

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 84 04 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

AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT

LIMIT OF INSURANCE

\$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

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LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	3 UNITS		\$18.00
PREMISES NO. 0002 BUILDING NO. 001	4 UNITS		\$23.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$41.00

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 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 15 04 05 14	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 \$4,815.00

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

William B. Vest
President

Peck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

00000 004006 000499 0499 00000



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BP AF 01 05 17

INSURED

Stock No. 15141