

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**
05XY288801**CUSTOMER BILLING ACCOUNT**
012-479-872 30**NAMED INSURED** ASPEN LEAF VILLAGE CONDOMINIUM ASSOCIATION INC**MAILING ADDRESS** PO BOX 1097
LA VETA, CO 81055-1097**POLICY PERIOD** FROM 05-27-2019 TO 05-27-2020
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** 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 1420 PANADERO AVENUE, BUILDING 1
CUCHARA, CO 81055BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL** 376**POLICY PROPERTY DEDUCTIBLE** \$5,000**OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING	\$480,240	\$1,349.00
REPLACEMENT COST		

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080**PHONE**
719-542-2141**PAGE** 0001
BRANCH TKC003 **RENEW**
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XY288801

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-479-872 30

ADDITIONAL COVERAGE
BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED

PREMIUM
INCLUDED

OPTIONAL COVERAGES
MECHANICAL BREAKDOWN

LIMIT OF INSURANCE
INCLUDED

PREMIUM
\$109.00

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 2
CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE

BUILDING
REPLACEMENT COST

LIMIT OF INSURANCE
\$480,240

PREMIUM
\$1,349.00

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 03 12 01 06 BP 84 11 07 98 BP 85 11 12 08

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XY288801

CUSTOMER BILLING ACCOUNT
012-479-872 30

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 3
CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING	\$480,240	\$1,349.00
REPLACEMENT COST		

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001
LOCATION 1420 PANADERA AVENUE, BUILDING 4
CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 **RENEW**
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XY288801CUSTOMER BILLING ACCOUNT
012-479-872 30**OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE	\$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE	5%

COVERAGEBUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$480,240

PREMIUM

\$1,349.00

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 03 12 01 06

BP 84 11 07 98

BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0005 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 5
CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE	\$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE	5%

COVERAGEBUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$480,240

PREMIUM

\$1,349.00

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 03 12 01 06

BP 84 11 07 98

BP 85 11 12 08

AGENT 049-306
JULIE NELSON
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ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XY288801

CUSTOMER BILLING ACCOUNT
012-479-872 30

DESCRIPTION OF PREMISES

PREMISES NO. 0006 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 6
CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0007 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 7
CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 **RENEW**
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XY288801**DECLARATIONS**CUSTOMER BILLING ACCOUNT
012-479-872 30

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$480,240

PREMIUM

\$1,349.00

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 84 11 07 98

BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0008 BUILDING NO. 001

LOCATION 1420 PANADERO AVENUE, BUILDING 8
CUCHARA, CO 81055

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 4

CONSTRUCTION FRAME

YEAR BUILT 1983

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**

\$480,240

PREMIUM

\$1,349.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED**PREMIUM**
INCLUDEDAGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080PHONE
719-542-2141PAGE 0006
BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XY288801**DECLARATIONS**CUSTOMER BILLING ACCOUNT
012-479-872 30

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0009 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 9
 CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0010 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 10
 CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XY288801**DECLARATIONS**CUSTOMER BILLING ACCOUNT
012-479-872 30**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376****POLICY PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISESPREMISES NO. 0011 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 11
CUCHARA, CO 81055BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376****POLICY PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

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

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080PHONE
719-542-2141PAGE 0008
BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XY288801**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
012-479-872 30

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0012 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 12
 CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISES

PREMISES NO. 0013 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 14
 CUCHARA, CO 81055

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 **RENEW**
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XY288801CUSTOMER BILLING ACCOUNT
012-479-872 30YEAR BUILT 1983
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

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 84 11 07 98 BP 85 11 12 08

DESCRIPTION OF PREMISESPREMISES NO. 0014 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 14
CUCHARA, CO 81055BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$480,240	\$1,349.00

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080PHONE
719-542-2141PAGE 0010
BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XY288801**DECLARATIONS**CUSTOMER BILLING ACCOUNT
012-479-872 30**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 84 11 07 98

BP 85 11 12 08

DESCRIPTION OF PREMISESPREMISES NO. 0015 BUILDING NO. 001
LOCATION 1420 PANADERO AVENUE, BUILDING 15
CUCHARA, CO 81055BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1983**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 376****POLICY PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500
WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%**COVERAGE**BUILDING
REPLACEMENT COST**LIMIT OF INSURANCE**
\$480,240**PREMIUM**
\$1,349.00**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 84 11 07 98

BP 85 11 12 08

MORTGAGEHOLDER	LOAN NO.	6554304672	PREMISE NO.	BUILDING NO.	PREMISE NO.	BUILDING NO.
BANK OF AMERICA NA			0001	001	0002	001
ITS SUCCESSORS AND/OR ASSIGNS ATIMA			0003	001	0004	001
PO BOX 961291			0005	001	0006	001
FORT WORTH, TX 76161-0291			0007	001	0008	001
			0009	001	0010	001
			0011	001	0012	001
			0013	001	0014	001

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080PHONE
719-542-2141PAGE 0011
BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XY288801**DECLARATIONS**CUSTOMER BILLING ACCOUNT
012-479-872 30

0015 001

TOTAL ADVANCE PROPERTY PREMIUM \$20,344.00

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)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES	\$50,000
LIABILITY - EACH OCCURENCE LIMIT	\$1,000,000
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
PREM 0015 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS		\$14.00
PREMISES NO. 0002 BUILDING NO. 001			

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XY288801

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

012-479-872 30

	4 UNITS	\$14.00
PREMISES NO. 0003 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0004 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0005 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0006 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0007 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0008 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0009 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0010 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0011 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0012 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0013 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0014 BUILDING NO. 001	4 UNITS	\$14.00
PREMISES NO. 0015 BUILDING NO. 001		

AGENT 049-306
 JULIE NELSON
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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XY288801

CUSTOMER BILLING ACCOUNT
012-479-872 30

4 UNITS

\$14.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$210.00

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

\$20,554.00

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 08 18
BP 87 01 08 10			

AUTHORIZED REPRESENTATIVE

William B. Vest
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 049-306
JULIE NELSON
4718 N ELIZABETH ST STE F
PUEBLO, CO 81008-2080

PHONE
719-542-2141

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BRANCH TKC003 RENW
ENTRY DATE 03-14-2019

POLICY NUMBER: 05XY288801

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
* 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.