

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: VALLEY PINES CONDOMINIUM ASSOCIATION INC

Doing Business As Name (if applicable):

Insured Mailing Address: C/O THE FLEISHER COMPANY
 981 COWEN DR STE B5
 CARBONDALE, CO 81623-1656

Valuation Type: Replacement Cost Effective Date: 08-01-2017

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XT490402

The Statement Of Values - Blanket Coverage must be submitted for all new business, coverage changes and value changes. **Loss Payment Penalties may apply if property is not insured to at least 80% of replacement cost value at the time of loss.** Building Limit Inflation Protection Coverage and Business Personal Property Automatic Increase In Coverage will apply to each renewal.

* Blanket Coverages are only available for the following types of property: Buildings, Auxiliary Buildings/Structures, Business Personal Property, Auxiliary Buildings Business Personal Property, Signs, Fences and Antennas. Blanket Coverage applies per property type.

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	1	BUILDING NO.	1
LOCATION	1400 E VALLEY RD BASALT, CO 81621-8351		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$7,836,981		
PREMISES NO.	1	BUILDING NO.	1
LOCATION	1400 E VALLEY RD BASALT, CO 81621-8351		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	AUXILIARY BUILDINGS/STRUCTURES		
VALUES	\$538,792		
CONTINUED ON NEXT PAGE			

APPLICANT OR INSURED	AGENT
All property values submitted are 100% of the replacement cost value to the best of my knowledge and American Family can rely upon my statements in providing Blanket Coverages.	I have explained to the insured the Loss Payment Penalties that may apply if the property is not insured to 80% of replacement cost value.
Signed _____	Signature _____
Name _____	Name JIM LORD
Title _____	Agent/District Code 140-307
Date _____	Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	2	BUILDING NO.	1
LOCATION	1400 E VALLEY RD UNIT 2 BASALT, CO 81621-8311		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$2,849,812		
PREMISES NO.	3	BUILDING NO.	1
LOCATION	1400 E VALLEY RD # 3 BASALT, CO 81621-8351		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$712,451		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	1400 E VALLEY RD # 4 BASALT, CO 81621-8351		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$712,451		
PREMISES NO.	5	BUILDING NO.	1
LOCATION	1400 E VALLEY RD # 5 BASALT, CO 81621-8351		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$712,451		
PREMISES NO.	6	BUILDING NO.	1
LOCATION	1400 E VALLEY RD # 6 BASALT, CO 81621-8351		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$712,451		

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 7 BUILDING NO. 1
 LOCATION 1400 E VALLEY RD # 7
 BASALT, CO 81621-8351

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$712,451

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

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
05XT490402CUSTOMER BILLING ACCOUNT
018-318-168 27NAMED VALLEY PINES CONDOMINIUM ASSOCIATION INC
INSUREDMAILING C/O THE FLEISHER COMPANY
ADDRESS 981 COWEN DR STE B5
CARBONDALE, CO 81623-1656POLICY PERIOD FROM 08-01-2017 TO 08-01-2018
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. 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 PREMISESPREMISES NO. 0001 BUILDING NO. 001
LOCATION 1400 E VALLEY RD
BASALT, CO 81621-8351BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 26
CONSTRUCTION FRAME
YEAR BUILT 1999

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354

DESCRIPTION OF PREMISESPREMISES NO. 0002 BUILDING NO. 001
LOCATION 1400 E VALLEY RD UNIT 2
BASALT, CO 81621-8311BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 2005AGENT 140-307
JIM LORD
827 RAILROAD AVE
RIFLE, CO 81650-3511PHONE
970-625-4742PAGE 0001
BRANCH KJR022 RENW
ENTRY DATE 06-05-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XT490402**DECLARATIONS**CUSTOMER BILLING ACCOUNT
018-318-168 27**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354****DESCRIPTION OF PREMISES**PREMISES NO. 0003 BUILDING NO. 001
LOCATION 1400 E VALLEY RD # 3
BASALT, CO 81621-8351BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 1999**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354****DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001
LOCATION 1400 E VALLEY RD # 4
BASALT, CO 81621-8351BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 1999**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354****DESCRIPTION OF PREMISES**PREMISES NO. 0005 BUILDING NO. 001
LOCATION 1400 E VALLEY RD # 5
BASALT, CO 81621-8351BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 1999**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354**AGENT 140-307
JIM LORD
827 RAILROAD AVE
RIFLE, CO 81650-3511PHONE
970-625-4742PAGE 0002
BRANCH KJR022 RENW
ENTRY DATE 06-05-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XT490402**DECLARATIONS**CUSTOMER BILLING ACCOUNT
018-318-168 27**DESCRIPTION OF PREMISES**PREMISES NO. 0006 BUILDING NO. 001
LOCATION 1400 E VALLEY RD # 6
BASALT, CO 81621-8351BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 2003
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354**DESCRIPTION OF PREMISES**PREMISES NO. 0007 BUILDING NO. 001
LOCATION 1400 E VALLEY RD # 7
BASALT, CO 81621-8351BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 2003
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 354**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

	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	\$14,249,048	\$15,257.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$538,792	\$587.00

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 04 30 01 06 BP 84 11 07 98 BP 85 11 12 08

AGENT 140-307
JIM LORD
827 RAILROAD AVE
RIFLE, CO 81650-3511PHONE
970-625-4742PAGE 0003
BRANCH KJR022 RENW
ENTRY DATE 06-05-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XT490402**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
018-318-168 27**APPLICABLE PROPERTY ENDORSEMENT CHARGES** \$805.00**TOTAL ADVANCE PROPERTY PREMIUM** \$16,649.00Property 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 EXPENSESExcept 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)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$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

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	26 UNITS		\$155.00
PREMISES NO. 0002 BUILDING NO. 001	8 UNITS		\$48.00
PREMISES NO. 0003 BUILDING NO. 001	2 UNITS		\$12.00
PREMISES NO. 0004 BUILDING NO. 001			

AGENT 140-307
 JIM LORD
 827 RAILROAD AVE
 RIFLE, CO 81650-3511

PHONE
 970-625-4742

PAGE 0004
BRANCH KJR022 **RENEW**
ENTRY DATE 06-05-2017

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XT490402

DECLARATIONS

CUSTOMER BILLING ACCOUNT
018-318-168 27

2 UNITS \$12.00

PREMISES NO. 0005 BUILDING NO. 001

2 UNITS \$12.00

PREMISES NO. 0006 BUILDING NO. 001

4 UNITS \$24.00

PREMISES NO. 0007 BUILDING NO. 001

4 UNITS \$24.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$287.00

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 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 \$16,936.00

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

Dec
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 140-307
JIM LORD
827 RAILROAD AVE
RIFLE, CO 81650-3511

PHONE
970-625-4742

PAGE 0005
BRANCH KJR022 RENW
ENTRY DATE 06-05-2017

**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: 05XT490402

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	
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: 05XT490402

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
1	1	GARAGES--SIX BUILDINGS--22 UNITS	\$538,792	

* 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.