

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER  
05XH301901

DECLARATIONS

CUSTOMER BILLING ACCOUNT  
012-750-161 17

NAMED INSURED NU CONDOMINIUM ASSOCIATION

MAILING ADDRESS C/O BEAVERS MANAGEMENT  
PO BOX 21  
WINTER PARK, CO 80482-0021

POLICY PERIOD FROM 07-01-2020 TO 07-01-2021  
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 477 HI COUNTRY DR  
WINTER PARK, CO 80482

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

NUMBER OF UNITS 18  
CONSTRUCTION FRAME  
YEAR BUILT 1972

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 392

POLICY PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500  
SEWER BACKUP AND SUMP OVERFLOW DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$3,173,952	\$4,420.00
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$1,803	\$3.00

00000 004010 000138 0138 00000



AGENT 167-307  
WIESE AGENCY, INC  
PO BOX 24359  
SILVERTHORNE, CO 80497-4359

PHONE  
970-668-6600

PAGE 0001  
BRANCH CMW038 RENW  
ENTRY DATE 04-23-2020

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XH301901**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
012-750-161 17

AUTOMATIC INCREASE IN COVERAGE 4%

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED
<b>OTHER COVERAGES OR OPTIONS</b>	<b>LIMIT OF INSURANCE</b>	<b>PREMIUM</b>
SEWER BACKUP AND SUMP OVERFLOW	\$5,000	\$51.00
ORDINANCE OR LAW COVERAGE	SEE BP 04 46	\$690.00

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 04 46 01 06	BP 84 09 01 07	BP 84 10 07 98
BP 84 11 07 98	BP 85 11 12 08		

MORTGAGEHOLDER	LOAN NO.	0601363078	PREMISE NO.	BUILDING NO.
PHH MORTGAGE CORPORATION			0001	001
ITS SUCCESSORS AND/OR ASSIGNS ATIMA				
PO BOX 5954				
SPRINGFIELD, OH 45501-5954				

TOTAL ADVANCE PROPERTY PREMIUM \$5,164.00

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
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**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)	\$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

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MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER  
05XH301901

DECLARATIONS

CUSTOMER BILLING ACCOUNT  
012-750-161 17

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	18 UNITS		\$81.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$143.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$224.00

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 07 03 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 \$5,388.00

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. West*  
President

*PEC*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

00000 005010 000138 0138 00000



AGENT 167-307  
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BP AF 01 08 18

INSURED

Stock No. 15141

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

**POLICY NUMBER**  
05XH301902

**CUSTOMER BILLING ACCOUNT**  
012-753-116 19

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

**NAMED ORGANIZATION** NU CONDO HOA INC

**MAILING ADDRESS** C/O BEAVERS MAGAMENT  
PO BOX 21  
WINTER PARK, CO 80482-0021

**POLICY PERIOD** FROM 07-01-2020 TO 07-01-2021  
12:01 A.M. Standard Time at your mailing address shown above.

**FORM OF BUSINESS** CORPORATION  
**BUSINESS DESCRIPTION** Condominium Association - Residential

**LIMIT OF LIABILITY**  
Aggregate for Coverage A, B and C, including "claims expenses" \$1,000,000

**RETENTION AMOUNTS**  
Coverage A (each claim) \$1000  
Coverage B (each claim) \$1000  
Coverage C (each claim) \$1000

**RETROACTIVE DATE**  
THIS INSURANCE DOES NOT APPLY TO A "CLAIM" ARISING OUT OF A "WRONGFUL ACT" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE (Coverages A and B): 07-01-2006  
RETROACTIVE DATE (Coverages C): 07-01-2006

**PENDING OR PRIOR LITIGATION DATE**  
PENDING OR PRIOR DATE (Coverages A and B): 07-01-2006  
PENDING OR PRIOR DATE (Coverages C): 07-01-2006

**EXTENDED REPORTING PERIOD**  
ADDITIONAL PERIOD (Number of Months) None unless added by endorsement to the policy.

**TOTAL DIRECTORS AND OFFICERS PREMIUM** \$365.00

**TOTAL ADVANCE PREMIUM** \$365.00

Forms and endorsements applying to and made part of this policy at time of issue:

IL 09 85 01 15	IL 75 26 12 05	NP 00 00 08 18	NP 00 01 12 05
NP 00 03 10 06	NP 02 28 11 13	NP 21 10 04 03	NP 21 12 04 03
NP 21 15 01 15	NP 28 02 04 03	NP 28 05 04 03	NP 71 01 12 05
NP 71 02 12 05	NP 71 03 12 05	NP 71 04 12 05	NP 71 07 12 05

AUTHORIZED REPRESENTATIVE

*William B. West*  
President

*[Signature]*  
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

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1-970-668-6600

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**ENTRY DATE** 04-03-2020

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