

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

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BRANCH CMW038 RENW**ENTRY DATE 04-23-2020**

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

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

AUTOMATIC INCREASE IN COVERAGE 4%

ADDITIONAL COVERAGE
BUSINESS INCOMELIMIT OF INSURANCE
ACTUAL LOSS SUSTAINEDPREMIUM
INCLUDED**OTHER COVERAGES OR OPTIONS**

LIMIT OF INSURANCE

PREMIUM

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

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

AGENT 167-307

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WIESE AGENCY, INC

970-668-6600

BRANCH CMW038 RENW

PO BOX 24359

ENTRY DATE 04-23-2020

SILVERTHORNE, CO 80497-4359

BP AF 01 08 18

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

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. Vestuto
 President


 Secretary
COUNTERSIGNED
LICENSED RESIDENT AGENT

00000 005010 000138 0138 00000


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

 PHONE
 970-668-6600

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 BRANCH CMW038 RENW
 ENTRY DATE 04-23-2020

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

Dec
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

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

PHONE
1-970-668-6600

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ENTRY DATE 04-03-2020

