

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XF961205

CUSTOMER BILLING ACCOUNT
012-261-977 96

NAMED INSURED EPSILON CONDOMINIUM ASSOCIATION INC
DBA BEAVER MANAGEMENT GROUP

MAILING ADDRESS PO BOX 21
WINTER PARK, CO 80482-0021

POLICY PERIOD FROM 06-04-2016 TO 06-04-2017
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

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 507 H COUNTRY DR
WINTER PARK, CO 80482

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

NUMBER OF UNITS 12
CONSTRUCTION FRAME
YEAR BUILT 1970

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 348

PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$1,450,841	\$2,282.00

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

OPTIONAL COVERAGES	LIMIT OF INSURANCE	PREMIUM
MECHANICAL BREAKDOWN	INCLUDED	\$171.00

AGENT 117-304
JOHN V BRAUNER AGENCY, INC.
9555 RALSTON RD
ARVADA, CO 80002-2032

PHONE
303-423-2030

PAGE 0001
BRANCH LGP004 **REI**
ENTRY DATE 06-07-2016

05XF961205000000000000000020430067

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MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER

05XF961205

CUSTOMER BILLING ACCOUNT

012-261-977 96

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

MORTGAGEHOLDER

BANK OF AMERICA NA
ITS SUCCESSORS AND/OR ITS ASSIGNS ATIMA
PO BOX 961291
FORT WORTH, TX 76161-0291

PREMISE NO. BUILDING NO.

0001 001

MORTGAGEHOLDER

WELLS FARGO BANK NA #472
ITS SUCCESSORS AND/OR ASSIGNS
PO BOX 100574
FLORENCE, SC 29502-0574

PREMISE NO. BUILDING NO.

0001 001

TOTAL ADVANCE PROPERTY PREMIUM

\$2,453.00

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

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)

LIMIT OF INSURANCE

\$2,000,000

PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT

\$2,000,000

DAMAGE TO PREMISES RENTED TO YOU

\$50,000

LIABILITY AND MEDICAL EXPENSES

\$1,000,000

PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON

\$5,000

LOCATION

PREMIUM BASIS

RATE

ADVANCE PREMIUM

PREMISES NO. 0001 BUILDING NO. 001

12 UNITS

\$43.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES

\$75.00

AGENT 117-304

PHONE

PAGE 0002

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303-423-2030

BRANCH LGP004 **REI**

9555 RALSTON RD

ENTRY DATE 06-07-2016

ARVADA, CO 80002-2032

BP AF 01 01 16

INSURED

Stock No. 15141

