

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER 05 XH1419-07 COMPANY CODE 0014-BLBK-CO CUSTOMER BILLING ACCOUNT 012-601-786 67

NAMED INSURED VISTA POINT HOA
MAILING ADDRESS PO BOX 7053
BRECKENRIDGE CO 80424-7053

POLICY PERIOD FROM 11/30/2014 TO 11/30/2015
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

PREMIUM

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART

TOTAL PREMIUM

AUTHORIZED REPRESENTATIVE

Donald R. Schultz
President

PEC
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 167-307
LESLIE WIESE
PO BOX 24359
SILVERTHORNE CO 80497-4359

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ENTRY DATE 09/16/2014

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS**

POLICY NUMBER
05 XH1419-07

COMPANY CODE
0014-BLBK-CO

NAMED INSURED VISTA POINT HOA
MAILING ADDRESS PO BOX 7053
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LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$2,000,000
EACH OCCURRENCE LIMIT	\$2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 **PREMISES** 001
110 RACHEL LANE
BRECKENRIDGE SUMMIT COUNTY CO 80424

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	16 (007)	5.570			

A=EACH ONE 007=UNITS

CERTIFIED ACTS OF TERRORISM

BALANCE TO MINIMUM

TOTAL ADVANCE PREMIUM

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

CG 21 71 06 08	IL 00 21 07 02	IL 75 26 12 05	CG 00 01 12 07	IL 02 28 09 07
CG 21 47 12 07	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98	CG 21 96 03 05
CG 21 67 12 04	CG 77 14 04 02	IL 09 85 01 08	CG 77 04 07 10	CG 21 87 01 07
IL 09 99 01 07				

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