

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: CONESTOGA CONDOMINIUMS HOA INC

Doing Business As Name (if applicable):

Insured Mailing Address: C/O SILVER MOUNTAIN PROPERTIES
 326 HIGHWAY 133 STE 120
 CARBONDALE, CO 81623-1568

Valuation Type: Replacement Cost Effective Date: 04-18-2021

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XE814201

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	907 909 911 913 VILLAGE RD CARBONDALE CO 81623			
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE			
CONSTRUCTION	FRAME			
*PROPERTY TYPE	BUILDINGS			
VALUES	\$977,703			
PREMISES NO.	2	BUILDING NO.	1	
LOCATION	927 929 931 933 VILLAGE RD CARBONDALE CO 81623			
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE			
CONSTRUCTION	FRAME			
*PROPERTY TYPE	BUILDINGS			
VALUES	\$977,703			

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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. Signed _____ Name _____ Title _____ Date _____	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. Signature _____ Name JOHN D BELL AGENCY INC Agent/District Code 143-307 Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 3 BUILDING NO. 1
 LOCATION 1007 1009 1011 1013 WHEEL DR
 CARBONDALE CO 81623

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$977,703

PREMISES NO. 4 BUILDING NO. 1
 LOCATION 1017 1019 1021 1023 WHEEL DR
 CARBONDALE CO 81623

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$977,703

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

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XE814201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-307-769 13

NAMED INSURED CONESTOGA CONDOMINIUMS HOA INC

MAILING ADDRESS C/O SILVER MOUNTAIN PROPERTIES
326 HIGHWAY 133 STE 120
CARBONDALE, CO 81623-1568

POLICY PERIOD FROM 04-18-2021 TO 04-18-2022
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 PREMISES

PREMISES NO. 0001 BUILDING NO. 001
LOCATION 907 909 911 913 VILLAGE RD
CARBONDALE CO 81623

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1981
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 409

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 927 929 931 933 VILLAGE RD
CARBONDALE CO 81623

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1981

AGENT 143-307
JOHN D BELL AGENCY INC
350 HIGHWAY 133 STE 1
CARBONDALE, CO 81623-1650

PHONE
970-963-5711
970-963-5712

PAGE 0001
BRANCH BAH041 RENW
ENTRY DATE 02-08-2021

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XE814201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-307-769 13

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 409

DESCRIPTION OF PREMISES

PREMISES NO. 0003 BUILDING NO. 001
LOCATION 1007 1009 1011 1013 WHEEL DR
CARBONDALE CO 81623

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1981

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 409

DESCRIPTION OF PREMISES

PREMISES NO. 0004 BUILDING NO. 001
LOCATION 1017 1019 1021 1023 WHEEL DR
CARBONDALE CO 81623

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

NUMBER OF UNITS 4
CONSTRUCTION FRAME
YEAR BUILT 1981

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 409

The Following Applies To All Premises Identified In This Declaration

CERTIFIED ACTS OF TERRORISM \$150.00

POLICY PROPERTY DEDUCTIBLE \$1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE

BUILDING - Blanket
REPLACEMENT COST

LIMIT OF INSURANCE
\$3,910,812

PREMIUM
\$7,856.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED

PREMIUM
INCLUDED

OPTIONAL COVERAGES

LIMIT OF INSURANCE

PREMIUM

AGENT 143-307
JOHN D BELL AGENCY INC
350 HIGHWAY 133 STE 1
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PAGE 0002
BRANCH BAH041 RENW
ENTRY DATE 02-08-2021

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XE814201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-307-769 13

MONEY AND SECURITIES			\$208.00
INSIDE THE PREMISES	\$10,000		INCLUDED
OUTSIDE THE PREMISES	\$5,000		INCLUDED

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

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$519.00

TOTAL ADVANCE PROPERTY PREMIUM \$8,733.00

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 BP 84 04 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)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000

DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES \$50,000

LIABILITY - EACH OCCURENCE LIMIT \$1,000,000

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

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	4 UNITS		\$17.00
PREMISES NO. 0002 BUILDING NO. 001	4 UNITS		\$17.00
PREMISES NO. 0003 BUILDING NO. 001			

AGENT 143-307
JOHN D BELL AGENCY INC
350 HIGHWAY 133 STE 1
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PAGE 0003
BRANCH BAH041 RENW
ENTRY DATE 02-08-2021

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XE814201

DECLARATIONS

CUSTOMER BILLING ACCOUNT
012-307-769 13

4 UNITS \$17.00

PREMISES NO. 0004 BUILDING NO. 001

4 UNITS \$17.00

CERTIFIED ACTS OF TERRORISM \$4.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$32.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$104.00

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 02 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 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 \$8,837.00

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 23 01 15	BP 05 38 01 15	BP 80 01 08 18
BP 87 01 08 10	BP 87 90 08 10		

AUTHORIZED REPRESENTATIVE

William B. West
President

Feck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 143-307
JOHN D BELL AGENCY INC
350 HIGHWAY 133 STE 1
CARBONDALE, CO 81623-1650

PHONE
970-963-5711
970-963-5712

PAGE 0004
BRANCH BAH041 RENW
ENTRY DATE 02-08-2021

BP AF 01 08 18

INSURED

Stock No. 15141

POLICY NUMBER: 05XE814201

BUSINESSOWNERS
BP 04 02 01 06

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE	
A. Designation Of Premises (Part Leased To You): 907 909 911 913 VILLAGE RD CARBONDALE CO 81623 927 929 931 933 VILLAGE RD CARBONDALE CO 81623 1007 1009 1011 1013 WHEEL DR CARBONDALE CO 81623 1017 1019 1021 1023 WHEEL DR CARBONDALE CO 81623	B. Name Of Person Or Organization (Additional Insured): SILVER MOUNTAIN PROPERTIES SILVER MOUNTAIN PROPERTIES SILVER MOUNTAIN PROPERTIES SILVER MOUNTAIN PROPERTIES
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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- A. The following is added to Paragraph C. Who is An Insured in Section II – Liability:**
3. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.
- B. The following exclusions are added to Section II – Liability:**
- This insurance does not apply to:
1. Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
 2. Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.

POLICY NUMBER: 05XE814201

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
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* 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.

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