



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.  
827 RAILROAD AVE  
RIFLE, CO 81650-3511

AmFam.com

1-800-MY AMFAM (692-6326)

**Your Insurance  
Coverage Summary**

**Advance Notice of  
Renewal Premium**

000031EC108GAA4020492252 140307 0G1  
LUU LINES PLAZA ASSOCIATION  
C/O SILVER MOUNTAIN PROPERTIES  
326 HIGHWAY 133 STE 120  
CARBONDALE, CO 81623-1568

February 21, 2022

**LUU LINES PLAZA ASSOCIATION**

Thank you for allowing American Family to insure your business. We appreciate your trust and confidence. Listed below are the principal coverages and limits that will apply for the renewal term shown on this coverage summary letter. Please take a minute to review them to be sure they are adequate for your needs. If you would like to discuss your policy coverages and limits, or if you have any questions, please don't hesitate to contact me.

Policy Period: 04-20-2022 TO 04-20-2023

Customer Billing Account: 014-029-204 88

Policy Type:	BUSINESSOWNERS POLICY	
Policy Number:	05XK428001	
Total Advance Renewal Premium:		\$4,711.00
PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY		

Total Advance Renewal Premium Summary:		
Premises	1	\$4,711.00
	123 VILLAGE LN CARBONDALE, CO 81623-2324	

**Section I Property Coverage**

**Limit Of Insurance**

**Description Of Premises**

Premises No. 1  
Location 123 VILLAGE LN  
CARBONDALE, CO 81623-2324  
Occupancy Condominium Association - Residential with Mercantile  
Number Of Units 8  
Building Interest Leased to Others  
Construction Frame

Buildings, Auxiliary Buildings/Structures, Business Personal Property and Auxiliary Buildings Business Personal Property may have been increased by inflation protection.

Building \$2,117,364

**continued**

A0G0 00010002 000031 0000



Replacement Cost	
Business Personal Property Replacement Cost	\$9,004

<u>Section II Liability And Medical Expenses Coverage</u>	<u>Limit Of Insurance</u>
Aggregate Limit(Other Than Products Completed Operations)	\$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
Premises           1    Medical Expenses - Any One Person	\$5,000

\*\*\*\*\*

**This coverage summary does not represent contract terms.  
Consult the policy for specific definitions and limitations.**

\*\*\*\*\*

**The renewal premium shown is for your next policy period.**

\*\*\*\*\*

**You may receive separate advance notice of renewal premium  
if you have other Commercial Lines policies.**

\*\*\*\*\*

**This coverage summary may not show all coverages and  
limits on your policy.**

\*\*\*\*\*

**Your American Family Agent is:**  
Jim Lord Agency Incorporated

jlor1@amfam.com

827 Railroad Ave  
Rifle CO 81650-3511  
970-625-4742

310 MARKET ST  
Basalt CO 81621-7401  
970-927-6596

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

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY

## POLICY NUMBER

05XK428001

## DECLARATIONS

## CUSTOMER BILLING ACCOUNT

014-029-204 88

NAMED INSURED LUU LINES PLAZA ASSOCIATION

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

POLICY PERIOD FROM 04-20-2022 TO 04-20-2023  
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 123 VILLAGE LN  
CARBONDALE, CO 81623-2324

BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITH MERCANTILE

NUMBER OF UNITS 8  
CONSTRUCTION FRAME  
YEAR BUILT 2002  
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 439

POLICY PROPERTY DEDUCTIBLE \$2,500

## OTHER PROPERTY DEDUCTIBLE(S)

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

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$2,117,364	\$4,589.00
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$9,004	\$14.00

AGENT 140-307  
JIM LORD AGENCY INCORPORATED  
827 RAILROAD AVE  
RIFLE, CO 81650-3511

PHONE  
970-625-4742

PAGE 0001  
BRANCH TKCO03 RENW  
ENTRY DATE 02-18-2022



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

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**POLICY NUMBER  
05XK428001**DECLARATIONS**CUSTOMER BILLING ACCOUNT  
014-029-204 88

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

\$72.00

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 84 09 01 07

BP 84 10 07 98

BP 84 11 07 98

BP 85 11 12 08

MORTGAGEHOLDER LOAN NO. 463818601

PREMISE NO. BUILDING NO.

ALPINE BANK RIFLE  
ITS SUCCESSORS AND/OR ASSIGNS  
400 7TH ST S  
RIFLE, CO 81650-2722

0001 001

TOTAL ADVANCE PROPERTY PREMIUM \$4,675.00

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)

\$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

AGENT 140-307  
JIM LORD AGENCY INCORPORATED  
827 RAILROAD AVE  
RIFLE, CO 81650-3511PHONE  
970-625-4742PAGE 0002  
BRANCH TKC003 RENW  
ENTRY DATE 02-18-2022

BP AF 01 08 18

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER  
05XK428001

DECLARATIONS

CUSTOMER BILLING ACCOUNT  
014-029-204 88

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	8 UNITS		\$36.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$36.00

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 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 \$4,711.00

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

*[Signature]*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

0000 00050006 000234 0000



AGENT 140-307  
JIM LORD AGENCY INCORPORATED  
827 RAILROAD AVE  
RIFLE, CO 81650-3511

PHONE  
970-625-4742

PAGE 0003  
BRANCH TKC003 RENW  
ENTRY DATE 02-18-2022

BP AF 01 08 18

INSURED

Stock No. 15141



POLICY NUMBER: 05XK428001

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	

\* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

4000 00060006 000234 0000



**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.