

**BUSINESSOWNERS POLICY  
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company  
American Family Insurance Company  
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

**John D. Bell Agency, Inc.**  
0350 Highway 133, Suite 1  
Carbondale, CO 81623

**This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.**

**This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.**

**This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.**

**INSURED**

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

**Mountain Sage Townhomes HOA**  
**PO Box 2572, Glenwood Springs, CO 81602-2572**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
91001-11681-46	07/23/20	07/23/21

**★ PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 2,500 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>7 BLDG 26 Units</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>9,221,400.00</u>
Business Personal Property	<input type="checkbox"/> Replacement Cost	\$ _____

**★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	<b>\$2,000,000</b>
Damage To Premises Rented To You	\$50,000
Medical Expenses - Any One Person	<b>\$5,000</b>
Aggregate Limit (Other Than Products Completed Operations)	<b>\$4,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$4,000,000</b>

Consult the Condominium Association's policy for insurance afforded Unit Owners.

**CERTIFICATE HOLDER(S)**      Effective Date 07/23/20       New Ownership/Occupancy       Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO.

**Unit Owners Copy**

UNIT OWNER'S MORTGAGEE NAME AND ADDRESS

LOAN NO.

UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS

LOAN NO.

MISCELLANEOUS

**Guaranteed Replacement Cost Coverage**  
**7 Buildings 26 Units Blanket Coverage**  
**Ordinance or Law Coverage Included**  
**Employee Dishonesty \$100,000 Deductible \$1,000, Directors & Officers \$1,000,000 Deductible \$1,000**  
**Policy # 91001-11686-61 \$5,000,000 Liability Umbrella**

DATE ISSUED

**07/23/20**

AUTHORIZED REPRESENTATIVE

**John D. Bell**