



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
 350 HIGHWAY 133 STE 1
 CARBONDALE, CO 81623-1650

AmFam.com
 1-800-MY AMFAM (892-6326)

**Your Insurance
 Coverage Summary**



001686EC108GAA4092102309 143307 0G1
 SOUTHVIEW II CONDOMINIUM ASSOCIATION INC
 C/O SILVER MOUNTAIN PROPERTIES
 326 HIGHWAY 133 STE 120
 CARBONDALE, CO 81623-1568

**Advance Notice of
 Renewal Premium**

July 30, 2019

SOUTHVIEW II CONDOMINIUM ASSOCIATION INC

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: 10-01-2019 TO 10-01-2020
 Customer Billing Account: 016-950-033 06

Policy Type:	NON-PROFIT DIRECTORS & OFFICERS LIABILITY POLICY
Policy Number:	05XP917902
Total Advance Renewal Premium:	\$365.00
PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY	

NON-PROFIT DIRECTORS & OFFICERS LIABILITY COVERAGE

Notice: This is a Claims Made Policy. See Section VI - Conditions, B. Extended Reporting Period of the Policy for information concerning the optional purchase of the Extended Reporting Period coverage for claims made after the cancellation or non-renewal of the policy.

LIMIT OF LIABILITY

Aggregate for Coverage A, B, and C including "claims expenses" \$1,000,000

RETENTION AMOUNTS

Coverage A (each claim)	\$1,000
Coverage B (each claim)	\$1,000
Coverage C (each claim)	\$1,000

RETROACTIVE DATE

This insurance does not apply to a "Claim" arising out of a "Wrongful Act" which occurs before the Retroactive Date, If any, shown below

Retroactive Date (Coverages A and B):	10-01-2010
Retroactive Date (Coverages C):	10-01-2010

PENDING OR PRIOR LITIGATION DATE

Pending or Prior Date (Coverages A and B):	10-01-2010
Pending or Prior Date (Coverages C):	10-01-2010

A0G0 00010002 001686 0000



EXTENDED REPORTING PERIOD
ADDITIONAL PERIOD (Number of Months)

NONE

**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:
John D Bell Agency Inc

jbelle@amfam.com

350 Highway 133 Ste 1
Carbondale CO 81623-1650
970-963-5711



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
350 HIGHWAY 133 STE 1
CARBONDALE, CO 81623-1650

**Your Insurance
Coverage Summary**



000164EC108GAA4092102309 143307 0G1
SOUTHVIEW II CONDOMINIUM ASSOCIATION
C/O SILVER MOUNTAIN PROPERTIES
326 HIGHWAY 133 STE 120
CARBONDALE, CO 81623-1568

**Advance Notice of
Renewal Premium**

July 30, 2019

SOUTHVIEW II CONDOMINIUM 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: 10-01-2019 TO 10-01-2020
Customer Billing Account: 016-950-033 06

Policy Type:	BUSINESSOWNERS POLICY	
Policy Number:	05XP917901	
Total Advance Renewal Premium:		\$3,516.00
PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY		

Total Advance Renewal Premium Summary:		
Premises	1	\$3,516.00
	1115 1149 Colorado Ave CARBONDALE, CO 81623-1523	

Section I Property Coverage

Limit Of Insurance

Description Of Premises

Premises No. 1
Location 1115 1149 Colorado Ave
CARBONDALE, CO 81623-1523
Occupancy
Condominium Association - Residential without Mercantile
Number Of Units 18
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.

A0G0 00010002 000164 0000



Building Replacement Cost \$1,763,012

Section II Liability And Medical Expenses Coverage

Limit Of Insurance

Aggregate Limit(Other Than Products Completed Operations)	\$4,000,000
Products-Completed Operations Aggregate Limit	\$4,000,000
Damage To Premises Rented To You	\$50,000
Liability And Medical Expenses	\$2,000,000
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:
John D Bell Agency Inc

jbelle@amfam.com

350 Highway 133 Ste 1
Carbondale CO 81623-1650
970-963-5711