

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XN348601

DECLARATIONS

CUSTOMER BILLING ACCOUNT
015-585-969 11

NAMED LAKESIDE TOWNHOUSE ASSOCIATION
INSURED

MAILING C/O BASIC PROPERTY MANAGEMENT INC
ADDRESS PO BOX 4844
DILLON, CO 80435-4844

POLICY PERIOD FROM 01-01-2021 TO 01-01-2022
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 250 COVE BLVD UNITS 1 6
DILLON CO 804358428

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

NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1985
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 401

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 252 COVE BLVD
DILLON, CO 80435

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

NUMBER OF UNITS 10
CONSTRUCTION FRAME
YEAR BUILT 1983

AGENT 167-307
WIESE AGENCY, INC
PO BOX 24359
SILVERTHORNE, CO 80497-4359

PHONE
970-668-6600

PAGE 0001
BRANCH MDA009 REW
ENTRY DATE 11-10-2020

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05XN348601**DECLARATIONS**CUSTOMER BILLING ACCOUNT
015-585-969 11**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 401****DESCRIPTION OF PREMISES**PREMISES NO. 0003 BUILDING NO. 001
LOCATION 254 COVE BLVD
DILLON, CO 80435BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1983**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 401****DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001
LOCATION 256 COVE BLVD
DILLON, CO 80435BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1983**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 401****DESCRIPTION OF PREMISES**PREMISES NO. 0005 BUILDING NO. 001
LOCATION 258 COVE BLVD
DILLON, CO 80435BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 13
CONSTRUCTION FRAME
YEAR BUILT 1983**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 401****The Following Applies To All Premises Identified In This Declaration**

POLICY PROPERTY DEDUCTIBLE \$5,000

AGENT 167-307
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OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE

BUILDING - Blanket
REPLACEMENT COST \$10,583,703 \$13,921.00

AUXILIARY BUILDINGS/STRUCTURES - Blanket
REPLACEMENT COST \$6,707 \$7.00

ADDITIONAL COVERAGE
BUSINESS INCOME

LIMIT OF INSURANCE
ACTUAL LOSS SUSTAINED PREMIUM INCLUDED

OTHER COVERAGES OR OPTIONS
ORDINANCE OR LAW COVERAGE

LIMIT OF INSURANCE
SEE BP 04 46 PREMIUM \$2,106.00

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 04 41 01 06 BP 04 46 01 06 BP 84 11 07 98
BP 84 25 01 13 BP 85 11 12 08

MORTGAGEHOLDER LOAN NO. 0602307385 PREMISE NO. BUILDING NO.
PHH MORTGAGE CORPORATION 0005 001
ITS SUCCESSORS AND/OR ASSIGNS ATIMA
PO BOX 5954
SPRINGFIELD, OH 45501-5954

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$1,153.00

TOTAL ADVANCE PROPERTY PREMIUM \$17,187.00

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) \$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT \$4,000,000

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

LIABILITY - EACH OCCURENCE LIMIT \$2,000,000

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
PREM 0005	BLDG 001	MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	6 UNITS		\$26.00
PREMISES NO. 0002 BUILDING NO. 001	10 UNITS		\$43.00
PREMISES NO. 0003 BUILDING NO. 001	6 UNITS		\$26.00
PREMISES NO. 0004 BUILDING NO. 001	8 UNITS		\$35.00
PREMISES NO. 0005 BUILDING NO. 001	13 UNITS		\$56.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$148.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$334.00

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 04 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 \$17,521.00

This premium may be subject to adjustment.

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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 00070011 000206 0000



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BP AF 01 08 18

INSURED

Stock No. 15141

