



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
PO BOX 1781
DILLON, CO 80435-1781

AmFam.com

1-800-MY AMFAM (692-6326)

Your Insurance Coverage Summary

Advance Notice of Renewal Premium



000039EC108GAA4023012305 043307 0G1
LAKESIDE TOWNHOUSE ASSOCIATION
C/O BASIC PROPERTY MANAGEMENT INC
PO BOX 4844
DILLON, CO 80435-4844

October 31, 2022

LAKESIDE TOWNHOUSE 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: 01-01-2023 TO 01-01-2024

Customer Billing Account: 015-585-969 11

Policy Type:	BUSINESSOWNERS POLICY
Policy Number:	05XN348601
Total Advance Renewal Premium:	\$22,065.00
PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY	

Total Advance Renewal Premium Summary:

Hired Auto and Non-Owned Auto Liability	\$148.00
Blanket Insurance applies	\$21,917.00

Premises	1	250 Cove Blvd Units 1 6 DILLON, CO 80435
Premises	2	252 COVE BLVD DILLON, CO 80435
Premises	3	254 COVE BLVD DILLON, CO 80435
Premises	4	256 COVE BLVD DILLON, CO 80435
Premises	5	258 COVE BLVD DILLON, CO 80435

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Section I Property Coverage**Limit Of Insurance****Description Of Premises**

Premises No. 1
Location 250 Cove Blvd Units 1 6
DILLON, CO 80435

Occupancy
Condominium Association - Residential without Mercantile
Number Of Units 6
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 - Blanket
Replacement Cost \$2,656,276

Auxiliary Buildings/Structures - Blanket
Replacement Cost \$7,811

Description Of Premises

Premises No. 2
Location 252 COVE BLVD
DILLON, CO 80435

Occupancy
Condominium Association - Residential without Mercantile
Number Of Units 10
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 - Blanket
Replacement Cost \$2,609,930

Description Of Premises

Premises No. 3
Location 254 COVE BLVD
DILLON, CO 80435

Occupancy
Condominium Association - Residential without Mercantile
Number Of Units 6
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 - Blanket
Replacement Cost \$1,741,047

Description Of Premises

Premises No. 4
Location 256 COVE BLVD

continued

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DILLON, CO 80435

Occupancy
Condominium Association - Residential without 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 - Blanket \$1,837,955
Replacement Cost

Description Of Premises

Premises No. 5
Location 258 COVE BLVD
DILLON, CO 80435

Occupancy
Condominium Association - Residential without Mercantile
Number Of Units 13
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 - Blanket \$3,480,453
Replacement Cost

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
Premises 2 Medical Expenses - Any One Person	\$5,000
Premises 3 Medical Expenses - Any One Person	\$5,000
Premises 4 Medical Expenses - Any One Person	\$5,000
Premises 5 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.**

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

Your American Family Agent is:
Cassandra Schultz

cschultz@amfam.com

256 DILLON RIDGE RD
Dillon CO 80435-5405
970-668-6600

191 E AGATE AVE
Granby CO 80446-9322
970-887-9770



AMERICAN FAMILY INSURANCE GROUP
6000 AMERICAN PKWY • MADISON, WISCONSIN 53783-0001

OFFER OF TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

Dear Policyholder:

Thank you for insuring with American Family Insurance. This notice provides you with important information about the Terrorism Risk Insurance Program Reauthorization Act of 2015. Please read the information below about the act and notify American Family if you wish to change your previous decision regarding acceptance or rejection of the coverage for "certified acts of terrorism."

Some Background

On Nov. 26, 2002, President Bush signed the Terrorism Risk Insurance Act into law, which requires insurance carriers to make coverage available to policyholders for losses due to "certified acts of terrorism". This law has been reauthorized since then, and the latest reauthorization occurred in January of 2015 when President Obama signed the Terrorism Risk Insurance Program Reauthorization Act of 2015 into law. The most recent reauthorization extends the current program for six years.

As an American Family customer, you have the right, under the recently reauthorized law, to purchase insurance coverage for losses resulting from "certified acts of terrorism", which are defined as: any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism. The criteria contained in that law for certifying an act of terrorism includes the following:

- The act is a violent act or an act that is dangerous to human life, property or infrastructure;
- The act results in aggregate property and casualty insurance losses in excess of \$5 million; and
- The act is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Further Explanation

Where coverage is provided under the act for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government as established by the act. You should also understand that your policy may contain exclusions (not part of the act) that might affect your coverage. For example, if a "certified act of terrorism" occurs and results in damage that you're not covered for under other portions of your policy, the terrorism coverage may not apply to the loss because you need to have underlying coverage to qualify for a "certified act of terrorism" loss covered by the act.

You should also be aware that the reauthorized act contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" to \$100 billion per calendar year. What this means is, if the combined insured losses for all insurers exceeds \$100 billion, your coverage may be reduced due to the cap.

Per the act, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by American Family Insurance. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the act.

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Disclosure of premium

Policy	Premium Charge for Certified Acts of Terrorism	*Fire Following Exposure Charge
Businessowners Policy	1.76% of the total premium	0.45% of the total premium

*** Please note a coverage exception for the locations and policy types listed below.**

Certain states have mandated that even if you elect to reject the "certified acts of terrorism" coverage, your rejection does not apply to fire losses resulting from an act of terrorism, and the coverage in your policy for such fire losses will continue. Therefore, the "fire following exposure charge" (listed in the chart above) applies in this case.

For Businessowners Policies, the following states mandate coverage for fire losses that result from acts of terrorism – **Arizona, Georgia, Illinois, Iowa, Missouri, Oregon, Washington and Wisconsin.

** In Arizona, the exception applies to building coverage if it is a 1-4 unit dwelling.

TERRORISM INSURANCE COVERAGE OPTIONS

Our records indicate you previously elected not to purchase coverage for "certified acts of terrorism" for the policy referenced above. If you do not wish to make any changes regarding this coverage, you do not need to do anything, and the coverage will continue to be excluded throughout the renewal term of your policy.

However, if you want to add coverage for "certified acts of terrorism," please indicate your decision to accept coverage, and sign and return this notice in the provided envelope.

___ I wish to purchase coverage for "certified acts of terrorism." I understand that I will be charged an additional premium for this coverage.

If you choose this option, you must notify us before your policy's effective date by signing and returning this letter in the enclosed envelope. (Exception: If we send you a new disclosure form after your policy's effective date, and you wish to change your election, we will endorse your policy to reflect your new coverage election.)

Your decision to accept coverage for "certified acts of terrorism" applies to the term of this policy. You will receive an offer and disclosure at each renewal as required by the Act.

Please sign and return this notice only if you are accepting coverage.

Insured's Signature		
Named Insured (please print)		Date
*Policy Number	Agt/Dst	*Policy Expiration Date

**Your policy number and policy expiration date are listed in the section after the first paragraph of the enclosed Insurance Coverage Summary letter. The policy expiration date is the second date shown in the "Policy Period" section after the word "TO".*