

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS
BP 86 13 08 10

Applicant or Named Insured: LAREDO LOFTS TOWNHOMES ASSOCIATION INC

Doing Business As Name (if applicable):

Insured Mailing Address: C/O RED MOUNTAIN COMMUNITY MANAGEMENT
PO BOX 915
SILVERTHORNE, CO 80498-0915

Valuation Type: Replacement Cost Effective Date: 11-01-2019

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XU519804

The Statement Of Values - Blanket Coverage must be submitted for all new business, coverage changes and value changes. **Loss Payment Penalties may apply if property is not insured to at least 80% of replacement cost value at the time of loss.** Building Limit Inflation Protection Coverage and Business Personal Property Automatic Increase In Coverage will apply to each renewal.

* Blanket Coverages are only available for the following types of property: Buildings, Auxiliary Buildings/Structures, Business Personal Property, Auxiliary Buildings Business Personal Property, Signs, Fences and Antennas. Blanket Coverage applies per property type.

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	1	BUILDING NO.	1	
LOCATION	81 BUFFALO CT BLDG 1 SILVERTHORNE, CO 80498			
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE			
CONSTRUCTION	FRAME			
*PROPERTY TYPE	BUILDINGS			
VALUES	\$600,165			
PREMISES NO.	2	BUILDING NO.	1	
LOCATION	81 BUFFALO CT BLDG 2 SILVERTHORNE, CO 80498			
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE			
CONSTRUCTION	FRAME			
*PROPERTY TYPE	BUILDINGS			
VALUES	\$600,165			

CONTINUED ON NEXT PAGE

<p style="text-align: center;">APPLICANT OR INSURED</p> <p>All property values submitted are 100% of the replacement cost value to the best of my knowledge and American Family can rely upon my statements in providing Blanket Coverages.</p> <p>Signed _____</p> <p>Name _____</p> <p>Title _____</p> <p>Date _____</p>	<p style="text-align: center;">AGENT</p> <p>I have explained to the insured the Loss Payment Penalties that may apply if the property is not insured to 80% of replacement cost value.</p> <p>Signature _____</p> <p>Name WIESE AGENCY, INC</p> <p>Agent/District Code 167-307</p> <p>Date _____</p>
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Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 3 BUILDING NO. 1
 LOCATION 81 BUFFALO CT BLDG 3
 SILVERTHORNE, CO 80498

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$600,165

PREMISES NO. 4 BUILDING NO. 1
 LOCATION 81 BUFFALO CT BLDG 4
 SILVERTHORNE, CO 80498

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$600,165

PREMISES NO. 5 BUILDING NO. 1
 LOCATION 81 BUFFALO CT BLDG 5
 SILVERTHORNE, CO 80498

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$600,165

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

BUSINESSOWNERS POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group

THIS POLICY CONSISTS OF:

- **DECLARATIONS**
- **BUSINESSOWNERS COVERAGE FORM**
- **APPLICABLE FORMS AND ENDORSEMENTS**

Notification of changes to the Businessowners Policy that occur during the policy term will be made using a change endorsement that is issued by us and made a part of this policy. Whenever the sentence "Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations" appears in an endorsement attached to this policy, the sentence is changed to read:

Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declaration or on a change endorsement issued by us, and made a part of this policy.

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**

POLICY NUMBER
05XU519804

CUSTOMER BILLING ACCOUNT
019-181-458 95

NAMED INSURED LAREDO LOFTS TOWNHOMES ASSOCIATION INC

MAILING ADDRESS C/O RED MOUNTAIN COMMUNITY MANAGEMENT
PO BOX 915
SILVERTHORNE, CO 80498-0915

POLICY PERIOD FROM 11-01-2019 TO 11-01-2020
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS UNINCORPORATED CONDOMINIUM ASSOCIATION

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 81 BUFFALO CT BLDG 1
SILVERTHORNE, CO 80498

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

NUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 2006

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 381

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 81 BUFFALO CT BLDG 2
SILVERTHORNE, CO 80498

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

NUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 2006

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

PHONE
970-668-6600

PAGE 0001
BRANCH LMM017 REI
ENTRY DATE 08-26-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XU519804CUSTOMER BILLING ACCOUNT
019-181-458 95**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 381****DESCRIPTION OF PREMISES**PREMISES NO. 0003 BUILDING NO. 001
LOCATION 81 BUFFALO CT BLDG 3
SILVERTHORNE, CO 80498BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 381****DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001
LOCATION 81 BUFFALO CT BLDG 4
SILVERTHORNE, CO 80498BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 381****DESCRIPTION OF PREMISES**PREMISES NO. 0005 BUILDING NO. 001
LOCATION 81 BUFFALO CT BLDG 5
SILVERTHORNE, CO 80498BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 2
CONSTRUCTION FRAME
YEAR BUILT 2006**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 381****The Following Applies To All Premises Identified In This Declaration**

POLICY PROPERTY DEDUCTIBLE \$5,000

AGENT 167-307
WIESE AGENCY, INC
PO BOX 24359
SILVERTHORNE, CO 80497-4359PHONE
970-668-6600PAGE 0002
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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XU519804**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
019-181-458 95**OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGEBUILDING - Blanket
REPLACEMENT COST**LIMIT OF INSURANCE**

\$3,000,825

PREMIUM

\$2,900.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE

ACTUAL LOSS SUSTAINED

PREMIUM

INCLUDED

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 30 01 06

BP 84 11 07 98

BP 85 11 12 08

APPLICABLE PROPERTY ENDORSEMENT CHARGES

\$586.00

TOTAL ADVANCE PROPERTY PREMIUM

\$3,486.00

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 EXPENSESExcept 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**AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT**LIMIT OF INSURANCE**

\$4,000,000

\$4,000,000

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

AGENT 167-307**PHONE****PAGE** 0003

WIESE AGENCY, INC

970-668-6600

BRANCH LMM017 REI

PO BOX 24359

ENTRY DATE 08-26-2019

SILVERTHORNE, CO 80497-4359

BP AF 01 08 18

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XU519804

DECLARATIONS

CUSTOMER BILLING ACCOUNT
019-181-458 95

	2 UNITS	\$11.00
PREMISES NO. 0002 BUILDING NO. 001	2 UNITS	\$11.00
PREMISES NO. 0003 BUILDING NO. 001	2 UNITS	\$11.00
PREMISES NO. 0004 BUILDING NO. 001	2 UNITS	\$11.00
PREMISES NO. 0005 BUILDING NO. 001	2 UNITS	\$11.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$148.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$203.00

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 \$3,689.00

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	BP 87 90 08 10		

AUTHORIZED REPRESENTATIVE

William B. West
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

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

PHONE
970-668-6600

PAGE 0004
BRANCH LMM017 REI
ENTRY DATE 08-26-2019

POLICY NUMBER: 05XU519804

BUSINESSOWNERS
BP 04 04 01 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NON-OWNED AUTO LIABILITY**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE	
Coverage	Additional Premium
A. Hired Auto Liability:	INCLUDED
B. Non-Owned Auto Liability:	INCLUDED
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A.** Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.
- 1. Hired Auto Liability**
The insurance provided under Paragraph **A.1. Business Liability in Section II – Liability**, applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.
 - 2. Non-Owned Auto Liability**
The insurance provided under Paragraph **A.1. Business Liability in Section II – Liability**, applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.
- B.** For insurance provided by this endorsement only:
- 1. The exclusions, under the Paragraph B.1. Applicable To Business Liability Coverage in Section II – Liability, other than Exclusions a., b., d., f. and i. and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:**
 - a. "Bodily injury" to:**
 - (1)** An "employee" of the insured arising out of and in the course of:
 - (a)** Employment by the insured; or
 - (b)** Performing duties related to the conduct of the insured's business; or
 - (2)** The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **(1)** above.
This exclusion applies:
 - (1)** Whether the insured may be liable as an employer or in any other capacity; and
 - (2)** To any obligation to share damages with or repay someone else who must pay damages because of injury.
This exclusion does not apply to:
 - (1)** Liability assumed by the insured under an "insured contract"; or
 - (2)** "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.
 - b. "Property damage" to:**
 - (1)** Property owned or being transported by, or rented or loaned to the insured; or
 - (2)** Property in the care, custody or control of the insured.
 - 2. Paragraph C. Who Is An Insured in Section II – Liability, is replaced by the following:**
 - 1. Each of the following is an insured under this endorsement to the extent set forth below:**
 - a.** You;
 - b.** Any other person using a "hired auto" with your permission;
 - c.** For a "non-owned auto":
 - (1)** Any partner or "executive officer" of yours; or
 - (2)** Any "employee" of yours but only while such "non-owned auto" is being used in your business; and
 - d.** Any other person or organization, but only for their liability because of acts or omissions of an insured under **a., b.** or **c.** above.
 - 2. None of the following is an insured:**
 - a.** Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
 - b.** Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
 - e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
- C.** The following additional definitions apply:
- 1. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 - 2. "Hired Auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
 - 3. "Non-Owned Auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

POLICY NUMBER: 05XU519804

BUSINESSOWNERS
BP 04 30 01 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PROTECTIVE SAFEGUARDS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE			
Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Description Of "P-9" If Applicable:
0001	001	P-1	
0002	001	P-1	
0003	001	P-1	
0004	001	P-1	
0005	001	P-1	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

A. The following is added to the **Property General Conditions** in **Section I – Property:**

PROTECTIVE SAFEGUARDS

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.

2. The protective safeguards to which this endorsement applies are identified by the following symbols:

- a. **"P-1" Automatic Sprinkler System**, including related supervisory services.

Automatic Sprinkler System means:

- (1) Any automatic fire protective or extinguishing system, including connected:

- (a) Sprinklers and discharge nozzles;
 - (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
- (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.
- b. **"P-2" Automatic Fire Alarm**, protecting the entire building, that is:
- (1) Connected to a central station; or
 - (2) Reporting to a public or private fire alarm station.
- c. **"P-3" Security Service**, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

d. **"P-4" Service Contract**, with a privately owned fire department providing fire protection service to the described premises.

e. **"P-9"**, the protective system described in the Schedule.

B. The following is added to Paragraph B. Exclusions in Section I – Property:

We will not pay for loss or damages caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

POLICY NUMBER: 05XU519804

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.				

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.

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.

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Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.