



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)

08/15/2023

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS Cassandra Schultz and Associates LLC P.O. Box 1781 Dillon CO 80435 (970)668-6600 (043/307)		PHONE (A/C, No, Ext): 970-668-6600	COMPANY NAME AND ADDRESS American Family Mutual Insurance Company, S.I. Madison, Wisconsin 53783-0001	NAIC NO:
FAX (A/C, No): 855-259-1811		E-MAIL ADDRESS:	IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	
CODE:	SUB CODE:		POLICY TYPE Commercial Businessowners	
AGENCY CUSTOMER ID #:		LOAN NUMBER NOT APPLICABLE		POLICY NUMBER 05-XR0482-02
NAMED INSURED AND ADDRESS Gore Trail P.O. Box 915 Silverthorne CO 80498		EFFECTIVE DATE 01/01/2023	EXPIRATION DATE 01/01/2024	<input checked="" type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)		THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

PERILS INSURED

BASIC

BROAD

SPECIAL

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 35,205,600

DED: 10,000

	YES	NO	N/A	
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT: <input checked="" type="checkbox"/> Actual Loss Sustained; # of months: 12
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$ 35,205,600
TERRORISM COVERAGE		<input checked="" type="checkbox"/>		Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT: 15,000 DED: 5,000
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>			BP 05 77 01 06
REPLACEMENT COST	<input checked="" type="checkbox"/>			
AGREED VALUE			<input checked="" type="checkbox"/>	
COINSURANCE			<input checked="" type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>		If YES, LIMIT: DED:
WIND / HAIL INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: DED:
NAMED STORM INCL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:				If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS			<input checked="" type="checkbox"/>	

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> CONTRACT OF SALE	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> LENDERS LOSS PAYABLE		NOT APPLICABLE
NAME AND ADDRESS Gore Trail At Wildernest P.O. Box 915 Silverthorne CO 80498		AUTHORIZED REPRESENTATIVE Nancy Healy

EVIDENCE OF COMMERCIAL PROPERTY INSURANCE REMARKS - Including Special Conditions (Use only if more space is required)

Liability and Medical Expenses	\$2,000,000
Damage to Premises Rented to You	\$50,000
Medical Expenses-Any One Person	\$5,000
Aggregate Limit (Other Than Products Completed Operations)	\$4,000,000
Products-Completed Operations Aggregate Limit	\$4,000,000

Replacement Cost calculated to meet the requirements of the Association By-laws or Covenants.

Number of Units 76

Crime and Fidelity Policy # 05-XR0482- 01 Effective 01/01/2023 - 01/01/2024 - \$100,000.00, \$250 deductible. Management company is covered. This policy is endorsed to include volunteer workers as employees.

Commercial Umbrella Policy #05-XR0482-03 Effective 01/01/2023-01/01/2024

HOA will receive 10-day notification prior to any modification or cancellation of the policy.

There is no boiler/machinery breakdown coverage.

Inflation Guard is included in the policy.

Severability clause included in policy language.

\$2,000,000.00 liability per occurrence.