## **BUSINESSOWNERS POLICY** CONDOMINIUM CERTIFICATE OF INSURANCE

American Family Mutual Insurance Company American Family Insurance Company 6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

**INSURED** 

John D. Bell Agency, Inc. 0350 Highway 133, Suite 1 Carbondale, CO 81623

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

| POLICY<br>NUMBER   | POLICY EFFECTIVE DATE<br>(Mo., Day, Yr.) | POLICY EXPIRATION D<br>(Mo., Day, Yr.) | ATE                 |                         |
|--|--|--|---------------------|-------------------------|
| 05-XK80431-01  | 09/19/21                                 | 09/19/22                               |                     |                         |
| ★ PROPERTY   |  |  |                     |                         |
| Risks of Direct Physical Loss                              | Named Perils                             | \$ 2,500                               | Property Deductible | •                       |
| PROPERTY<br>COVERED  | VALUATION OF<br>COVERED PROPERTY         |  | LIMIT OF INSURANCE  |                         |
| Building(s) 8 BLD-33 UNITS                                 | Replacement Cost                         | Actual Cash Value                      |                     | \$ <u>10,227,603.00</u> |
| Business Personal Property                                 | Replacement Cost                         |  |                     | \$                      |
| ★ BUSINESSOWNERS LIABILITY A                               | ND MEDICAL EXPENSES                      |  |                     |                         |
| COVERAGE   | LIMIT OF INSURANCE                       |  |                     |                         |
| 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                            |                     |                         |

Consult the Condominium Association's policy for insurance afforded Unit Owners. 09/19/21 **CERTIFICATE HOLDER(S)** Effective Date New Ownership/Occupancy Change Ownership/Occupancy UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO. **UNIT OWNERS COPY** UNIT OWNER'S MORTGAGEE NAME AND ADDRESS LOAN NO. UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS LOAN NO.

MISCELLANEOUS

125% Replacement Cost Coverage. "Policy covers the permanent structures on the interior of the unit up to original builders installations." Non-Profit Directors and Officers Policy # 05-XK8043-02 \$1,000,000 Limit of Liability. Crime and Fidelity Policy # 05-XK8043-04 \$100,000 Limit of Insurance. • Inflation guard included • Ordinance Law included • Boiler/Equipment covered for named perils • Severability of interest/Separation of Insureds applies • 10 day cancellation applies • Co-Insurance applies • Includes Wind/Hail

| DATE ISSUED | AUTHORIZED REPRESENTATIVE |
|-------------|---------------------------|
| 09/19/21    | John D. Bell              |