



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
601 COMMUNITY DR
ESTES PARK, CO 80517-5435

**Your Insurance
Coverage Summary**

**Advance Notice of
Renewal Premium**

000011EC108GAA4022442256 023309 0G1
THE LEWISTON TOWNHOUSE CONDOMINIUM ASSOCIATION INC
PO BOX 3095
ESTES PARK, CO 80517-3095

September 2, 2022

THE LEWISTON TOWNHOUSE CONDOMINIUM ASSOCIATION INC

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: 11-01-2022 TO 11-01-2023
Customer Billing Account: 013-511-849 72

Policy Type: BUSINESSOWNERS POLICY
Policy Number: 05XJ559101
Total Advance Renewal Premium: \$16,559.00

PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY

Total Advance Renewal Premium Summary:		\$16,559.00
Blanket Insurance applies		\$16,559.00
Premises	1 321 BIG HORN DR BLDG A ESTES PARK, CO 80517-9058	
Premises	2 321 BIG HORN DR BLDG B ESTES PARK, CO 80517-9058	
Premises	3 321 BIG HORN DR BLDG C ESTES PARK, CO 80517-9058	
Premises	4 321 BIG HORN DR # E ESTES PARK, CO 80517-9058	

Section I Property Coverage

Limit Of Insurance

Description Of Premises

Premises No. 1
Location 321 BIG HORN DR BLDG A

continued

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ESTES PARK, CO 80517-9058

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 \$2,309,435
Replacement Cost

Auxiliary Buildings/Structures - Blanket \$317,023
Replacement Cost

Description Of Premises

Premises No. 2
Location 321 BIG HORN DR BLDG B
ESTES PARK, CO 80517-9058

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 \$2,309,435
Replacement Cost

Description Of Premises

Premises No. 3
Location 321 BIG HORN DR BLDG C
ESTES PARK, CO 80517-9058

Occupancy
Condominium Association - Residential without Mercantile
Number Of Units 3
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 \$1,333,566
Replacement Cost

Description Of Premises

Premises No. 4
Location 321 BIG HORN DR # E
ESTES PARK, CO 80517-9058

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 \$2,545,944

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

**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.**

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

Your American Family Agent is:
 Danielle D Arnold Agency, Inc.

darnol4@amfam.com

601 Community Dr
 Estes Park CO 80517-5435
 970-586-8420

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STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: THE LEWISTON TOWNHOUSE CONDOMINIUM ASSOCIATION INC

Doing Business As Name (if applicable):

Insured Mailing Address: PO BOX 3095
ESTES PARK, CO 80517-3095

Valuation Type: Replacement Cost Effective Date: 11-01-2022

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XJ559101

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.

Table with 2 main entries for property details. Entry 1: PREMISES NO. 1, BUILDING NO. 1, LOCATION 321 BIG HORN DR BLDG A, ESTES PARK, CO 80517-9058, OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE, CONSTRUCTION FRAME, *PROPERTY TYPE BUILDINGS, VALUES \$2,309,435. Entry 2: PREMISES NO. 1, BUILDING NO. 1, LOCATION 321 BIG HORN DR BLDG A, ESTES PARK, CO 80517-9058, OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE, CONSTRUCTION FRAME, *PROPERTY TYPE AUXILIARY BUILDINGS/STRUCTURES, VALUES \$317,023. Includes 'CONTINUED ON NEXT PAGE' text.

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APPLICANT OR INSURED

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.

Signed _____
Name _____
Title _____
Date _____

AGENT

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.

Signature _____
Name DANIELLE D ARNOLD AGENCY, INC.
Agent/District Code 023-309
Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 2 BUILDING NO. 1
 LOCATION 321 BIG HORN DR BLDG B
 ESTES PARK, CO 80517-9058

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$2,309,435

PREMISES NO. 3 BUILDING NO. 1
 LOCATION 321 BIG HORN DR BLDG C
 ESTES PARK, CO 80517-9058

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$1,333,566

PREMISES NO. 4 BUILDING NO. 1
 LOCATION 321 BIG HORN DR # E
 ESTES PARK, CO 80517-9058

OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$2,545,944

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

PREMISES NO. BUILDING NO.
 LOCATION

OCCUPANCY
 CONSTRUCTION
 *PROPERTY TYPE
 VALUES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XJ559101

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-511-849 72

NAMED INSURED THE LEWISTON TOWNHOUSE CONDOMINIUM ASSOCIATION INC

MAILING ADDRESS PO BOX 3095
ESTES PARK, CO 80517-3095

POLICY PERIOD FROM 11-01-2022 TO 11-01-2023
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 321 BIG HORN DR BLDG A
ESTES PARK, CO 80517-9058

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

NUMBER OF UNITS 8
CONSTRUCTION FRAME
YEAR BUILT 1979

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463

DESCRIPTION OF PREMISES

PREMISES NO. 0002 BUILDING NO. 001
LOCATION 321 BIG HORN DR BLDG B
ESTES PARK, CO 80517-9058

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

NUMBER OF UNITS 6
CONSTRUCTION FRAME
YEAR BUILT 1979

AGENT 023-309
DANIELLE D ARNOLD AGENCY, INC.
601 COMMUNITY DR
ESTES PARK, CO 80517-5435

PHONE
970-586-8420

PAGE 0001
BRANCH TLR021 **RENEW**
ENTRY DATE 09-01-2022

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XJ559101

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

013-511-849 72

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463**DESCRIPTION OF PREMISES**

PREMISES NO. 0003 BUILDING NO. 001

LOCATION 321 BIG HORN DR BLDG C
ESTES PARK, CO 80517-9058

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 3

CONSTRUCTION FRAME

YEAR BUILT 1979

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463**DESCRIPTION OF PREMISES**

PREMISES NO. 0004 BUILDING NO. 001

LOCATION 321 BIG HORN DR # E
ESTES PARK, CO 80517-9058

BUILDING INTEREST LEASED TO OTHERS

PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE

NUMBER OF UNITS 6

CONSTRUCTION FRAME

YEAR BUILT 1980

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463**The Following Applies To All Premises Identified In This Declaration****POLICY PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE 5%

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

\$8,498,380

PREMIUM

\$15,602.00

AUXILIARY BUILDINGS/STRUCTURES - Blanket
REPLACEMENT COST

\$317,023

\$371.00

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE

ACTUAL LOSS SUSTAINED

PREMIUM

INCLUDED

AGENT 023-309

DANIELLE D ARNOLD AGENCY, INC.

601 COMMUNITY DR

ESTES PARK, CO 80517-5435

PHONE

970-586-8420

PAGE 0002

BRANCH TLR021 RENW

ENTRY DATE 09-01-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XJ559101

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-511-849 72

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 03 12 01 06 BP 84 11 07 98 BP 85 11 12 08

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$482.00

TOTAL ADVANCE PROPERTY PREMIUM \$16,455.00

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
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

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	8 UNITS		\$36.00
PREMISES NO. 0002 BUILDING NO. 001	6 UNITS		\$27.00
PREMISES NO. 0003 BUILDING NO. 001	3 UNITS		\$14.00
PREMISES NO. 0004 BUILDING NO. 001			

AGENT 023-309
DANIELLE D ARNOLD AGENCY, INC.
601 COMMUNITY DR
ESTES PARK, CO 80517-5435

PHONE
970-586-8420

PAGE 0003
BRANCH TLR021 RENW
ENTRY DATE 09-01-2022

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XJ559101

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-511-849 72

6 UNITS

\$27.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$104.00

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 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

\$16,559.00

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. Westra
President

F. Eck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 023-309
DANIELLE D ARNOLD AGENCY, INC.
601 COMMUNITY DR
ESTES PARK, CO 80517-5435

PHONE
970-586-8420

PAGE 0004
BRANCH TLR021 RENW
ENTRY DATE 09-01-2022

POLICY NUMBER: 05XJ559101

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	
1	1	DETACHED GARAGE STRUCTURE	\$317,023		

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* 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.