

**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: 11-01-2021

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.**

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            \$2,075,000

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            \$284,841

CONTINUED ON NEXT PAGE

**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 \_\_\_\_\_

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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	\$2,075,000		
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	\$800,000		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	321 BIG HORN DR BLDG E ESTES PARK, CO 80517-9058		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$2,287,500		
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 11-01-2021 TO 11-01-2022  
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 80517-9058BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 8  
CONSTRUCTION FRAME  
YEAR BUILT 1979**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 416****DESCRIPTION OF PREMISES**PREMISES NO. 0002 BUILDING NO. 001  
LOCATION 321 BIG HORN DR BLDG B  
ESTES PARK, CO 80517-9058BUILDING INTEREST LEASED TO OTHERS  
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 6  
CONSTRUCTION FRAME  
YEAR BUILT 1979AGENT 023-309  
DANIELLE D ARNOLD AGENCY, INC.  
601 COMMUNITY DR  
ESTES PARK, CO 80517-5435PHONE  
970-586-8420PAGE 0001  
BRANCH CMW038 RENW  
ENTRY DATE 09-13-2021

**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 416****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 416****DESCRIPTION OF PREMISES**

PREMISES NO. 0004 BUILDING NO. 001  
 LOCATION 321 BIG HORN DR BLDG 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 416****The Following Applies To All Premises Identified In This Declaration****POLICY PROPERTY DEDUCTIBLE \$5,000****OTHER PROPERTY DEDUCTIBLE(S)**

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

**COVERAGE**BUILDING - Blanket  
REPLACEMENT COST**LIMIT OF INSURANCE**

\$7,237,500

**PREMIUM**

\$12,165.00

AUXILIARY BUILDINGS/STRUCTURES - Blanket  
REPLACEMENT COST

\$284,841

\$309.00

**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 CMW038 RENW  
 ENTRY DATE 09-13-2021



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\***

<b>Premises No.</b>	<b>Building No.</b>	<b>Auxiliary Building/Structure Description</b>	<b>Auxiliary Building/Structure Limit</b>	<b>Auxiliary Buildings Business Personal Property Limit</b>
1	1	DETACHED GARAGE STRUCTURE	\$284,841	

4000 00070007 000329 0000



\* 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.