

140-307

HOMESTEAD HOMEOWNERS ASSOCIATION

PO BOX 252

RIFLE CO 81650-0252

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
05 XE1346-01

COMPANY CODE
0013-BLBK-CO

CUSTOMER BILLING ACCOUNT
012-945-262 00

NAMED INSURED HOMESTEAD HOMEOWNERS ASSOCIATION
INSURED PO BOX 252
MAILING RIFLE CO 81650-0252
ADDRESS

POLICY PERIOD FROM 09/13/2013 TO 09/13/2014
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS 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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$416.00
TOTAL PREMIUM	\$416.00

AUTHORIZED REPRESENTATIVE

David P. Schultz
President

Peck
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 140-307
JIM LORD
829 RAILROAD AVE
RIFLE

CO 81650-3511

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ENTRY DATE 06/17/2013

02-12

Just

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART

POLICY NUMBER
05 XE1346-01

DECLARATIONS

COMPANY CODE
0013-BLBK-CO

NAMED INSURED HOMESTEAD HOMEOWNERS ASSOCIATION
INSURED PO BOX 252
MAILING ADDRESS RIFLE CO 81650-0252

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001
201 RAILROAD AVE
RIFLE GARFIELD COUNTY CO 81650-0252

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	138 (007)	3.012 (A)		\$416.00	

A=EACH ONE

007=UNITS

TOTAL ADVANCE PREMIUM \$416.00

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 75 06 08	IL 00 21 07 02	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98
CG 77 14 04 02	CG 21 96 03 05	CG 21 67 12 04	IL 75 26 12 05	IL 02 28 09 07
IL 09 85 01 08	CG 00 01 12 07	CG 21 47 12 07	CG 77 04 07 10	

AUTHORIZED REPRESENTATIVE

David R. Schultz
President

F. Eck
Secretary

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