

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
05 XU1994-02

COMPANY CODE
0019-BLBK-CO

CUSTOMER BILLING ACCOUNT
018-873-558 13

NAMED INSURED MAILING ADDRESS
MOUNTAIN COUNTRY CONDOMINIUMS AT LAKE DILLON INC
C/O BASIC PROPERTY MANAGEMENT
PO BOX 4844
DILLON CO 80435-4844

POLICY PERIOD FROM 04/01/2019 TO 04/01/2020
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: CONDOMINIUM 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.

CRIME AND FIDELITY COVERAGE PART	PREMIUM
	\$150.00
TOTAL PREMIUM	\$150.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:
BK 00 00 08 18

AUTHORIZED REPRESENTATIVE

William B. West
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 011-307
TRACE TYLER AGENCY INC
97 MAIN ST UNIT W-106
EDWARDS CO 81632-8150

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CRIME AND FIDELITY COVERAGE PART
DECLARATIONS

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MAILING ADDRESS PO BOX 4844
DILLON CO 80435-4844

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

PLAN 1 COMMERCIAL CRIME - SEPARATE LIMITS OPTION

COVERAGE FORMS FORMING PART OF THIS COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	PREMIUM
INSIDE THE PREMISES - THEFT OF MONEY AND SECURITIES	\$100,000	\$1,000	\$150.00
TOTAL ADVANCE PREMIUM			\$150.00

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

IL00171198	IL02280907	IL75261205	IL09350702	CR00210506
CR07510808	CR01601104	CR03041113		

CANCELLATION OF PRIOR INSURANCE

By acceptance of this Policy you give us notice canceling prior policy or bond numbers:

The cancellation to be effective at the time this Coverage Part becomes effective.

AUTHORIZED
REPRESENTATIVE

William B. West
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 011-307
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INSURED

Stock No. 07145