

BUSINESS KEY POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group

THIS POLICY CONSISTS OF:**- DECLARATIONS****- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:**

- ONE OR MORE COVERAGE FORMS
- APPLICABLE FORMS AND ENDORSEMENTS

- COMMON POLICY CONDITIONS

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER	COMPANY CODE	CUSTOMER BILLING ACCOUNT
05 XW3686-01	0019-BLBK-CO	020-801-186 56

NAMED INSURED	STARK FARMS HOA
MAILING ADDRESS	PO BOX 593 AULT CO 80610-0593

POLICY PERIOD FROM 12/05/2019 TO 12/05/2020
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: UNINC CONDO ASSOC

BUSINESS DESCRIPTION: HOA

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	\$231.00
TOTAL PREMIUM	\$231.00

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. Vest
President

Feck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 031-309
LESA RINGJOB AGENCY, INC
375 E HORSETOOTH RD BLDG 6100
FORT COLLINS CO 80525-6800

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ENTRY DATE 10/02/2019

AF DS 00 08 18

INSURED

Stock No. 05975

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMERCIAL GENERAL LIABILITY COVERAGE PART

DECLARATIONS

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COMPANY CODE

0019-BLBK-CO

NAMED INSURED

STARK FARMS HOA

MAILING ADDRESS

PO BOX 593
AULT CO 80610-0593

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
40689 LEIF LANE
AULT WELD COUNTY CO 80610-9634

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	38 (007)	4.473 (A)		\$170.00	
	A=EACH ONE			007=UNITS		
				BALANCE TO MINIMUM	\$61.00	
				TOTAL ADVANCE PREMIUM	\$231.00	

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

CG 21 75 01 15 IL 00 21 07 02 IL 75 26 12 05 CG 00 01 12 07 IL 02 28 09 07
 CG 21 47 12 07 IL 00 17 11 98 IL 75 02 06 99 CG 21 60 09 98 CG 21 96 03 05
 CG 21 67 12 04 CG 77 14 04 02 IL 09 85 01 15 CG 77 04 07 10 IL 75 40 03 16
 IL 01 25 11 13 CG 21 06 05 14

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COMMERCIAL GENERAL LIABILITY COVERAGE PART

DECLARATIONS

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All Coverage Parts included in this policy are subject to the following condition

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.

Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.