

**BUSINESSOWNERS POLICY
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company
American Family Insurance Company
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

Clarie Broschinsky, Agent / Owner
1140 N Main St, Suite D
Gunnison, CO 81230
Bus- (970) 641-3481, Fax- 1-844-626-6289

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.

This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.

This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.

INSURED

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

Richardson Square Condominiums Association Inc. PO Box 1419 Crested Butte, CO 81224

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
05-XW5203-01	01/01/23	01/01/24

★ **PROPERTY**

☒ Risks of Direct Physical Loss ☐ Named Perils \$ 2,500 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) (Blanket Coverage)	☒ Replacement Cost ☐ Actual Cash Value	\$ 1,397,506.00
Business Personal Property	☐ Replacement Cost	\$

★ **BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability - Each Occurrence Limit	\$2,000,000
Damage To Premises Rented To You - Any One Premises	\$50,000
Medical Expenses - Any One Person	\$5,000
Aggregate Limit (Other Than Products Completed Operations)	\$4,000,000
Products - Completed Operations Aggregate Limit	\$4,000,000

Consult the Condominium Association's policy for insurance afforded Unit Owners

CERTIFICATE HOLDER(S) Effective Date 01/01/23 ☐ New Ownership/Occupancy ☐ Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO

UNIT OWNER'S MORTGAGEE NAME AND ADDRESS

LOAN NO

UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS

LOAN NO

MISCELLANEOUS

100 % Replacement Cost Coverage, Ordinance or Law, Equipment Breakdown, Inflation Protection, Wind & Hail Coverage, & Separation of Insured, No Co- Insurance, Cancellation Clause 10 Days for Non-Payment, 30 Days for Any Other Reason

DATE ISSUED

11/10/23

AUTHORIZED REPRESENTATIVE

Clarie Broschinsky