

013-307

RICHARDSON SQUARE CONDOMINIUMS ASSOCIATION INC
C/O CHARLES ZEITER
PO BOX 1419
GUNNISON, CO 81230-1419



+0000427 013-307

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C/O CHARLES ZEITER
PO BOX 1419
GUNNISON, CO 81230-1419



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

05 XW5203-07

COMPANY CODE

0020-BLBK-CO

CUSTOMER BILLING ACCOUNT

020-832-312 77

NAMED RICHARDSON SQUARE CONDOMINIUMS ASSOCIATION INC
INSURED C/O CHARLES ZEITER
MAILING PO BOX 1419
ADDRESS GUNNISON, CO 81230-1419

POLICY PERIOD FROM 01/01/2020 TO 01/01/2021
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
CRIME AND FIDELITY COVERAGE PART	\$110.00
TOTAL PREMIUM	\$110.00

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

Peck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT



AGENT 013-307

CLARIE BROCHINSKY AGENCY LLC

1140 N MAIN ST STE D

GUNNISON

CO 81230-2460

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BRANCH

CFR

02-12

ENTRY DATE

10/03/2019

AF DS 00 08 18

INSURED

Stock No. 05975



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

**CRIME AND FIDELITY COVERAGE PART
DECLARATIONS**

POLICY NUMBER
05 XW5203-07

COMPANY CODE
0020-BLBK-CO

NAMED INSURED RICHARDSON SQUARE CONDOMINIUMS ASSOCIATION INC
C/O CHARLES ZEITER
MAILING ADDRESS PO BOX 1419
GUNNISON, CO 81230-1419

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
EMPLOYEE THEFT (BLANKET)	\$17,000	\$1,000	\$78.00
INSIDE THE PREMISES - THEFT OF MONEY AND SECURITIES	\$17,000	\$1,000	\$25.00
OUTSIDE THE PREMISES	\$17,000	\$1,000	\$3.00
MONEY ORDERS AND COUNTERFEIT PAPER CURRENCY	\$17,000	\$1,000	\$4.00
TOTAL ADVANCE PREMIUM		\$110.00	

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

CR25090300	IL00171198	IL02280907	IL75261205	IL09350702
CR00210506	CR07510808	CR01601104	CR03041113	CR25020506

CANCELLATION OF PRIOR INSURANCE

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

NONE

NONE

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

AUTHORIZED
REPRESENTATIVE

William B. Vestuto
President

Peck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 013-307
CLARIE BROCHINSKY AGENCY LLC
1140 N MAIN ST STE D
GUNNISON CO 81230-2460
CR AF 01 08 18

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BRANCH CFR 02-12
ENTRY DATE 10/03/2019



INSURED

Stock No. 07145



POLICY NUMBER: 05 XW5203-07

CRIME AND FIDELITY
CR 25 02 05 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
INCLUDE DESIGNATED AGENTS AS EMPLOYEES**

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM
COMMERCIAL CRIME POLICY
EMPLOYEE THEFT AND FORGERY POLICY
GOVERNMENT CRIME COVERAGE FORM
GOVERNMENT CRIME POLICY

and applies to the Employee Theft Insuring Agreement:

SCHEDULE	
Capacity Of Agent PROPERTY MANANGEMENT COMPANY	Limit Of Insurance \$17,000
Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.	

1. The definition of "Employee" is amended to include each natural person, partnership or corporation you appoint in writing to act as your agent in the capacity shown in the Schedule while acting on your behalf or while in possession of covered property. These natural persons, partnerships or

corporations are not covered for faithful performance of duty, even in the event that this insurance may have been amended by endorsement to provide such coverage on other "employees". Only coverage for "theft" applies to the agents scheduled above.



2. Each such agent and the partners, officers and employees of that agent are considered to be, collectively, one "employee" for the purposes of this insurance. However, the Termination As To Any Employee Condition applies individually to each of them.
3. The most we will pay under this insurance for loss caused by an agent included as an "employee" by this endorsement is the Limit of Insurance shown in the Schedule. That Limit of Insurance is part of, not in addition to, the Limit of Insurance shown in the Declarations as applicable to the Employee Theft Insuring Agreement.



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.

