

COMMERCIAL LIABILITY UMBRELLA 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

COMMERCIAL LIABILITY UMBRELLA POLICY

THIS POLICY CONSISTS OF:
DECLARATIONS
POLICY
FORMS AND ENDORSEMENTS APPLYING TO THIS POLICY

QUICK REFERENCE

DECLARATIONS

- Named Insured
- Policy Period
- Form Of Business
- Limits Of Insurance
- Self Insured Retention
- Schedule Of Underlying Insurance
- Forms And Endorsements Applying To This Policy
- Total Premium

POLICY BOOKLET

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IMPORTANT: This Quick Reference is not part of the Commercial Liability Umbrella Policy and does not provide coverage.
Refer to the Commercial Liability Umbrella Policy itself for actual contractual provisions.

PLEASE READ THE POLICY CAREFULLY.

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMERCIAL LIABILITY UMBRELLA POLICY**POLICY NUMBER**
05XW520305**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
020-832-312 77**NAMED INSURED** RICHARDSON SQUARE CONDOMINIUMS ASSOCIATION INC**MAILING ADDRESS** C/O CHARLIE ZEITER
PO BOX 1419
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**LIMITS OF INSURANCE**

AGGREGATE LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000
SELF INSURED RETENTION	\$10,000

SCHEDULE OF UNDERLYING INSURANCE

UNDERLYING INSURANCE - BUSINESSOWNERS POLICY	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
LIABILITY & MEDICAL EXPENSES	\$2,000,000

TOTAL ADVANCE PREMIUM \$250.00

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

CU 00 00 08 18	CU 00 01 12 07	CU 00 04 05 09	CU 01 46 09 00	CU 21 12 09 00
CU 21 15 09 00	CU 21 18 09 00	CU 21 23 02 02	CU 21 27 12 04	CU 21 35 01 15
CU 21 42 12 04	CU 21 50 03 05	CU 21 52 12 05	CU 21 56 06 06	CU 21 86 05 14
CU 71 01 10 01	CU 71 02 07 10	CU 71 06 10 01	CU 71 08 10 01	CU 73 01 12 04
IL 00 17 11 98	IL 01 25 11 13	IL 02 28 09 07	IL 09 85 01 15	IL 75 26 12 05
IL 75 40 03 16				

AUTHORIZED
REPRESENTATIVE
President
SecretaryCOUNTERSIGNED
LICENSED RESIDENT AGENT**AGENT** 013-307
CLARIE BROSHINSKY AGENCY LLC
1140 N MAIN ST STE D
GUNNISON, CO 81230-2460**PHONE**
970-641-3481**PAGE** 01
BRANCH PLM024 **REW**
ENTRY DATE 10-30-2019

The following additional condition applies:

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.

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

