

**BUSINESSOWNERS PACKAGE POLICY
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Insurance Company
American Family Mutual Insurance Company if selection box is not checked.
6000 American Parkway, Madison, Wisconsin 53783-0001

Agent's Name, Address:
Mike Deacon Agency
PO Box 37347
Avon, CO 81620

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.

Effective Date: 11/20/13 New Ownership/Occupancy Change Ownership/Occupancy

CERTIFICATE HOLDER(S)

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.

This is to certify that the UNIT OWNER is insured under a policy issued to the Insured named below and is in force at this time.

INSURED

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS Riverwalk Garnet Bulding Association C/O Slifer Prop. Management Po Box 2264 Edwards, CO 81632			
MORTGAGEE'S NAME AND ADDRESS			
KIND OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MO., DAY, YR.)	POLICY EXPIRATION DATE (MO., DAY, YR.)
BUSINESSOWNERS PACKAGE POLICY	05XZ519001	11/20/2013	UNTIL CANCELLED

★ SECTION I - BUSINESS PROPERTY Special Form Named Perils Form **\$ 5000** Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMITS OF INSURANCE +
Building(s)	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$10,941,748
Business Personal Property	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$

+ Condominium Association's Limits. (The Unit Owner is covered as a percentage of the total, as their interest may appear.)

★ SECTION II - BUSINESS LIABILITY AND MEDICAL PAYMENTS

COVERAGE	LIMITS OF INSURANCE
Bodily Injury and Property Damage	\$2,000,000 Each Occurrence ++ \$4,000,000 Aggregate ++
Medical Payments	\$5,000 Each Person

Consult the Condominium Association's policy for insurance afforded Unit Owners.
++ Products - Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

UNIFORM CONDOMINIUM ACT STATES

Subject to the provisions of the Mortgage Clause, all proceeds covering any loss of property collectively owned shall be payable to Insurance Trustee, identified below:	
INSURANCE TRUSTEE'S NAME AND ADDRESS	
DATE ISSUED	AUTHORIZED REPRESENTATIVE