

**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  
**MICHAEL L DANIELS**  
**2648 PATTERSON RD, STE G**  
**GRAND JUNCTION, CO 81506**

**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

**INDIAN WASH TOWN HOME ASSOCIATION, 2722 INDIAN WASH CR, GRAND JUNCTION, CO 81506**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
91003-31989-87	04/19/23	04/19/24

**★ PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 1,000 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) .....	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>4,442,333.00</u>
Business Personal Property .....	<input type="checkbox"/> Replacement Cost	\$ _____

**★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

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

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

**CERTIFICATE HOLDER(S)**      Effective Date 04/19/21       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

- \*ORDINANCE OF LAW INCLUDED**
- \*WALLS OUT POLICY**
- \*SEVERABILITY OF INTEREST/SEPERATION OF INSUREDS**
- \*NO EQUIPMENT BREAKDOWN/BROILER COVERAGE**

DATE ISSUED

**04/27/23**

AUTHORIZED REPRESENTATIVE

**Mike Daniels**