

STATEMENT OF VALUES - BLANKET COVERAGES

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

BUSINESSOWNERS

BP 86 13 08 10

Applicant or Named Insured: GRANDVIEW VILLAS CONDOMINIUMS ASSOCIATION INC

Doing Business As Name (if applicable):

Insured Mailing Address: C/O CMC
 PO BOX 3095
 WINTER PARK, CO 80482-3095

Valuation Type: Replacement Cost

Effective Date: 09-17-2022

Policy Number to which Blanket coverages are to apply (N/A if new business): 05XG206501

The Statement Of Values - Blanket Coverage must be submitted for all new business, coverage changes and value changes. **Loss Payment Penalties may apply if property is not insured to at least 80% of replacement cost value at the time of loss.** Building Limit Inflation Protection Coverage and Business Personal Property Automatic Increase In Coverage will apply to each renewal.

* Blanket Coverages are only available for the following types of property: Buildings, Auxiliary Buildings/Structures, Business Personal Property, Auxiliary Buildings Business Personal Property, Signs, Fences and Antennas. Blanket Coverage applies per property type.

Specific rates apply to each item listed in this Schedule.

PREMISES NO. 1 BUILDING NO. 1
 LOCATION 205 BELLA VISTA CT
 GRAND LAKE, CO 80447
 OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE BUILDINGS
 VALUES \$6,337,646

PREMISES NO. 1 BUILDING NO. 1
 LOCATION 205 BELLA VISTA CT
 GRAND LAKE, CO 80447
 OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE
 CONSTRUCTION FRAME
 *PROPERTY TYPE AUXILIARY BUILDINGS/STRUCTURES
 VALUES \$532,186

CONTINUED ON NEXT PAGE

APPLICANT OR INSURED

All property values submitted are 100% of the replacement cost value to the best of my knowledge and American Family can rely upon my statements in providing Blanket Coverages.

Signed _____

Name _____

Title _____

Date _____

AGENT

I have explained to the insured the Loss Payment Penalties that may apply if the property is not insured to 80% of replacement cost value.

Signature _____

Name CASSANDRA SCHULTZ

Agent/District Code 043-307

Date _____

Schedule (continued)

Specific rates apply to each item listed in this Schedule.

PREMISES NO.	1	BUILDING NO.	1
LOCATION	205 BELLA VISTA CT GRAND LAKE, CO 80447		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	FENCES		
VALUES	\$10,000		
PREMISES NO.	2	BUILDING NO.	1
LOCATION	207 BELLA VISTA CT GRAND LAKE, CO 80447		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$4,154,980		
PREMISES NO.	2	BUILDING NO.	1
LOCATION	207 BELLA VISTA CT GRAND LAKE, CO 80447		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	AUXILIARY BUILDINGS/STRUCTURES		
VALUES	\$1,215,190		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	203 BELLA VISTA CT GRAND LAKE, CO 80447		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	BUILDINGS		
VALUES	\$6,337,646		
PREMISES NO.	4	BUILDING NO.	1
LOCATION	203 BELLA VISTA CT GRAND LAKE, CO 80447		
OCCUPANCY	CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILE		
CONSTRUCTION	FRAME		
*PROPERTY TYPE	AUXILIARY BUILDINGS/STRUCTURES		
VALUES	\$1,755,236		

FACTS**WHAT DOES AMERICAN FAMILY INSURANCE DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and income • Account balances and payment history • Credit history and credit based insurance scores • Drivers license records and claims history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons American Family Insurance chooses to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does American Family Insurance share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	Yes	Yes

To limit our sharing	<p>Call 1-888-312-2263 – when prompted you will be asked to provide your first name, middle initial (if applicable), last name, address, city, state and at least one of your policy numbers. Please also indicate if you are requesting to limit sharing for others on your policies. Please indicate their full names.</p> <p>Please note:</p> <p>If you are a new customer, or receiving this notice from us for the first time, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p>
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Questions?	Please go to our website at www.amfam.com/privacy-security
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Who we are	
Who is providing this notice?	This privacy notice is provided by American Family Mutual Insurance Company, S.I. and the affiliates as listed under the "Other important information" section of this notice (referred to collectively as "American Family Insurance").

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What we do	
How does American Family Insurance protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does American Family Insurance collect my personal information?	We collect your personal information, for example, when you <ul style="list-style-type: none"> • Apply for insurance • Pay insurance premiums • File an insurance claim • Give us your contact information • Use your credit or debit card
Why can't I limit all sharing?	Federal law gives you the right to limit only <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. (See below for more on your rights under state law.)
What happens when I limit sharing for an account I hold jointly with someone else?	Your limit-sharing request will only apply to the names received in your request.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • The affiliates of American Family Mutual Insurance Company, S.I. include the companies identified under the "Other important information" section of this notice, and other affiliated companies within Homesite Group Incorporated and PGC Holdings Corp.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> • Nonaffiliates we share with can include our sales agents, mortgage companies and direct marketing companies.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> • Our joint marketing partners include other financial services companies and insurance companies.

Other important information
<p>For Nevada residents only.</p> <p>You have the right to place your telephone number on American Family Insurance's internal do not call list, which means we can contact you by telephone only in response to a specific request from you for information or in order to service any existing American Family Insurance business. For additional information about the Nevada do not call requirements, or to add your telephone number to our internal do not call list, contact American Family Insurance at 1-877-216-9232. For information on the Nevada state do not call law, contact the Nevada Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington St., Ste. 3900, Las Vegas, NV 90101, Phone: 1-702-486-3132, email: BCPINFO@ag.state.nv.us</p>
<p>For Vermont residents only.</p> <p>We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found at www.amfam.com/privacy-security or call 1-800-692-6326.</p>
<p>For Georgia residents only.</p> <p>NOTICE: The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.</p>
<p>For New Mexico residents only.</p> <p>We are prohibited from disclosing information related to domestic abuse. In New Mexico an individual has certain rights as a Protected Person under N.M. Admin Code 13.7.5 and N. M. S. A 1978, § 59A-16B-4. If you would like to exercise any of those rights or want an explanation of those rights, please contact American Family Insurance at 1-800-MYAMFAM ext. 78082.</p>

Other important information – continued**For our customers in AK, AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, SC and VA only.**

You have the right to review information in your file. You may do so by writing to us at the address at the end of this section and providing us with your complete name, address, date of birth, and all policy numbers under which you are insured. Within 30 days of receipt of your request, we will contact you and inform you of the nature of recorded information that can be reasonably located and retrieved about you in our files. If you believe there is information in our file that is incorrect, you have the right to notify us and request that it be corrected, amended or deleted from your file. Use this address for requesting information in your file or for questions about the information in your file: **American Family Insurance, Attn: Consumer Affairs Department, 6000 American Pkwy., Madison, Wisconsin 53783-0001.**

American Family Insurance Legal Entities:

In addition to American Family Mutual Insurance Company, S.I., this privacy notice is provided by the following companies, which are all affiliates of American Family Mutual Insurance Company, S.I.: American Standard Insurance Company of Wisconsin, American Family Life Insurance Company, American Family Brokerage, Inc., American Family Insurance Company, American Standard Insurance Company of Ohio, and Midvale Indemnity Company. All companies are collectively referred to as "American Family Insurance" in this notice.

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XG206501CUSTOMER BILLING ACCOUNT
013-002-340 50NAMED GRANDVIEW VILLAS CONDOMINIUMS ASSOCIATION INC
INSUREDMAILING C/O CMC
ADDRESS PO BOX 3095
WINTER PARK, CO 80482-3095POLICY PERIOD FROM 09-17-2022 TO 09-17-2023
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS CORPORATION

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.

SECTION I PROPERTY

ALL PROPERTY COVERAGES ARE SUBJECT TO THE FOLLOWING:

COVERED CAUSES OF LOSS SPECIAL - RISK OF DIRECT PHYSICAL LOSS

COVERAGE PROVIDED. BLANKET INSURANCE AT THE FOLLOWING DESCRIBED PREMISES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN UNLESS COVERAGE IS PROVIDED BY AN ENDORSEMENT.

DESCRIPTION OF PREMISESPREMISES NO. 0001 BUILDING NO. 001
LOCATION 205 BELLA VISTA CT
GRAND LAKE, CO 80447BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 18
CONSTRUCTION FRAME
YEAR BUILT 2000

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463

DESCRIPTION OF PREMISESPREMISES NO. 0002 BUILDING NO. 001
LOCATION 207 BELLA VISTA CT
GRAND LAKE, CO 80447BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 12
CONSTRUCTION FRAME
YEAR BUILT 2005AGENT 043-307
CASSANDRA SCHULTZ
PO BOX 1781
DILLON, CO 80435-1781PHONE
970-668-6600PAGE 0001
BRANCH AIG003 RENW
ENTRY DATE 07-27-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**DECLARATIONS**POLICY NUMBER
05XG206501CUSTOMER BILLING ACCOUNT
013-002-340 50**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463****DESCRIPTION OF PREMISES**PREMISES NO. 0004 BUILDING NO. 001
LOCATION 203 BELLA VISTA CT
GRAND LAKE, CO 80447BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITHOUT MERCANTILENUMBER OF UNITS 18
CONSTRUCTION FRAME
YEAR BUILT 2007**COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 463****The Following Applies To All Premises Identified In This Declaration**

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING - Blanket REPLACEMENT COST	\$16,830,272	\$22,020.00
AUXILIARY BUILDINGS/STRUCTURES - Blanket REPLACEMENT COST	\$3,502,612	\$5,338.00

ADDITIONAL COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUSINESS INCOME	ACTUAL LOSS SUSTAINED	INCLUDED

OTHER COVERAGES OR OPTIONS	LIMIT OF INSURANCE	PREMIUM
OUTDOOR PROPERTY FENCES - Blanket	\$10,000	\$120.00

Property forms and endorsements applying to this premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 85 17 09 15 BP 04 30 01 06 BP 84 11 07 98 BP 84 17 01 07
BP 85 11 12 08 BP 04 56 01 06

APPLICABLE PROPERTY ENDORSEMENT CHARGES \$490.00

TOTAL ADVANCE PROPERTY PREMIUM \$27,968.00

AGENT 043-307
CASSANDRA SCHULTZ
PO BOX 1781
DILLON, CO 80435-1781PHONE
970-668-6600PAGE 0002
BRANCH AIG003 RENW
ENTRY DATE 07-27-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**
05XG206501**DECLARATIONS****CUSTOMER BILLING ACCOUNT**
013-002-340 50

Property forms and endorsements applying to all premises and made part of this policy at time of issue:
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 06 01 01 07 BP 83 01 07 98 BP 83 02 01 07 BP 84 04 01 07

SECTION II LIABILITY AND MEDICAL EXPENSES

Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to **Section II Liability** in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

COVERAGE	LIMIT OF INSURANCE
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
DAMAGE TO PREMISES RENTED TO YOU - ANY ONE PREMISES	\$50,000
LIABILITY - EACH OCCURENCE LIMIT	\$2,000,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0002 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000
PREM 0004 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON	\$5,000

LOCATION	PREMIUM BASIS	RATE	ADVANCE PREMIUM
PREMISES NO. 0001 BUILDING NO. 001	18 UNITS		\$94.00
PREMISES NO. 0002 BUILDING NO. 001	12 UNITS		\$63.00
PREMISES NO. 0004 BUILDING NO. 001	18 UNITS		\$94.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES \$148.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM \$399.00

Liability forms and endorsements applying to all premises and made part of this policy at time of issue:
Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP 04 04 01 06 BP 04 17 07 02 BP 04 39 07 02 BP 04 54 01 06
BP 04 93 01 06 BP 05 17 01 06 BP 05 77 01 06 BP 10 05 07 02
BP 14 60 06 10 BP 15 04 05 14 BP 84 24 01 07 BP 85 04 07 10
BP 85 05 07 98CO BP 85 10 07 98 BP 85 12 01 06 IL 75 26 12 05

AGENT 043-307
CASSANDRA SCHULTZ
PO BOX 1781
DILLON, CO 80435-1781

PHONE
970-668-6600

PAGE 0003
BRANCH AIG003 **RENEW**
ENTRY DATE 07-27-2022

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XG206501

DECLARATIONS

CUSTOMER BILLING ACCOUNT
013-002-340 50

TOTAL ADVANCE BUSINESS PREMIUM \$28,367.00

This premium may be subject to adjustment.

Forms and endorsements applying to property and liability at all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP IN 01 01 06	BP 00 03 01 06	BP 01 81 11 13	BP 05 01 07 02
BP 05 15 01 15	BP 05 24 01 15	BP 05 41 01 15	BP 80 01 08 18
BP 87 01 08 10	BP 87 90 08 10		

AUTHORIZED REPRESENTATIVE

William B. West
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 043-307
CASSANDRA SCHULTZ
PO BOX 1781
DILLON, CO 80435-1781

PHONE
970-668-6600

PAGE 0004
BRANCH AIG003 RENW
ENTRY DATE 07-27-2022

POLICY NUMBER: 05XG206501

BUSINESSOWNERS
BP 04 04 01 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NON-OWNED AUTO LIABILITY**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE	
Coverage	Additional Premium
A. Hired Auto Liability:	INCLUDED
B. Non-Owned Auto Liability:	INCLUDED
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A.** Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.
- 1. Hired Auto Liability**
The insurance provided under Paragraph **A.1. Business Liability in Section II – Liability**, applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.
- 2. Non-Owned Auto Liability**
The insurance provided under Paragraph **A.1. Business Liability in Section II – Liability**, applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.
- B.** For insurance provided by this endorsement only:
- 1.** The exclusions, under the Paragraph **B.1. Applicable To Business Liability Coverage in Section II – Liability**, other than Exclusions **a., b., d., f.** and **i.** and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:
- a.** "Bodily injury" to:
- (1) An "employee" of the insured arising out of and in the course of:
- (a) Employment by the insured; or
- (b) Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.
- This exclusion applies:
- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of injury.
- This exclusion does not apply to:
- (1) Liability assumed by the insured under an "insured contract"; or
- (2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.
- b.** "Property damage" to:
- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.
- 2.** Paragraph **C. Who Is An Insured in Section II – Liability**, is replaced by the following:
- 1.** Each of the following is an insured under this endorsement to the extent set forth below:
- a.** You;
- b.** Any other person using a "hired auto" with your permission;
- c.** For a "non-owned auto":
- (1) Any partner or "executive officer" of yours; or
- (2) Any "employee" of yours but only while such "non-owned auto" is being used in your business; and
- d.** Any other person or organization, but only for their liability because of acts or omissions of an insured under **a., b.** or **c.** above.
- 2.** None of the following is an insured:
- a.** Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
- b.** Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
 - e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
- C.** The following additional definitions apply:
1. "Auto Business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 2. "Hired Auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
 3. "Non-Owned Auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

POLICY NUMBER: 05XG206501

BUSINESSOWNERS
BP 04 30 01 06**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
PROTECTIVE SAFEGUARDS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE			
Prem. No.	Bldg. No.	Protective Safeguards Symbols Applicable	Description Of "P-9" If Applicable:
0001	001	P-1	
0002	001	P-1	
0004	001	P-1	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following is added to the Property General Conditions in Section I – Property:**PROTECTIVE SAFEGUARDS**

1. As a condition of this insurance, you are required to maintain the protective devices or services listed in the Schedule above.
2. The protective safeguards to which this endorsement applies are identified by the following symbols:
 - a. **"P-1" Automatic Sprinkler System**, including related supervisory services.
Automatic Sprinkler System means:
 - (1) Any automatic fire protective or extinguishing system, including connected:

- (a) Sprinklers and discharge nozzles;
 - (b) Ducts, pipes, valves and fittings;
 - (c) Tanks, their component parts and supports; and
 - (d) Pumps and private fire protection mains.
- (2) When supplied from an automatic fire protective system:
- (a) Non-automatic fire protective systems; and
 - (b) Hydrants, standpipes and outlets.
- b. **"P-2" Automatic Fire Alarm**, protecting the entire building, that is:
- (1) Connected to a central station; or
 - (2) Reporting to a public or private fire alarm station.
- c. **"P-3" Security Service**, with a recording system or watch clock, making hourly rounds covering the entire building, when the premises are not in actual operation.

d. **"P-4" Service Contract**, with a privately owned fire department providing fire protection service to the described premises.

e. **"P-9"**, the protective system described in the Schedule.

B. The following is added to Paragraph B. Exclusions in Section I – Property:

We will not pay for loss or damages caused by or resulting from fire if, prior to the fire, you:

1. Knew of any suspension or impairment in any protective safeguard listed in the Schedule above and failed to notify us of that fact; or
2. Failed to maintain any protective safeguard listed in the Schedule above, and over which you had control, in complete working order.

If part of an Automatic Sprinkler System is shut off due to breakage, leakage, freezing conditions or opening of sprinkler heads, notification to us will not be necessary if you can restore full protection within 48 hours.

POLICY NUMBER: 05XG206501

BUSINESSOWNERS
BP 04 56 01 06

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
UTILITY SERVICES – DIRECT DAMAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE					
Prem. No.	Bldg. No.	Utility Services Limit Of Insurance	Water Supply Property (Check If Applies)	Communication Supply Property	Power Supply Property
0002	001	\$120,000			INCLUDED
Covered Property		BUILDING			
Covered Property					
Covered Property					
Covered Property					

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The coverage provided by this endorsement is subject to the provisions of Section I – Property, including Paragraph D. Deductibles, except as provided below.

A. The following is added to Paragraph A. Coverage:

We will pay for loss of or damage to Covered Property described in the Schedule, caused by the interruption of service to the described premises. The interruption must result from direct physical loss or damage by a Covered Cause of Loss to the property described in Paragraph C. of this endorsement if such property is indicated by an "X" in the Schedule and is located outside of a covered building described in the Declarations.

B. Exception

Coverage under this endorsement for loss or damage to Covered Property does not apply to loss or damage to "electronic data", including destruction or corruption of "electronic data".

C. Utility Services

1. Water Supply Services, meaning the following types of property supplying water to the described premises:
 - a. Pumping stations; and
 - b. Water mains.
2. Communication Supply Services, meaning property supplying communication services, including telephone, radio, microwave or television services to the described premises, such as:
 - a. Communication transmission lines, including optic fiber transmission lines;
 - b. Coaxial cables; and
 - c. Microwave radio relays except satellites.

It does not include overhead transmission lines unless indicated by an "X" in the Schedule.

3. Power Supply Services, meaning the following types of property supplying electricity, steam or gas to the described premises:
- a. Utility generating plants;
 - b. Switching stations;
 - c. Substations;
 - d. Transformers; and
 - e. Transmission lines.

It does not include overhead transmission lines unless indicated by an "X" in the Schedule.

- D. Paragraph **C. Limits Of Insurance** is replaced by the following:

If a Utility Services Limit of Insurance is shown in the Schedule, such limit is part of, not in addition to, the Limit of Insurance stated in the Declarations as applicable to the Covered Property.

If no Limit of Insurance is shown for Utility Services, coverage under this endorsement is subject to the applicable Limit of Insurance on the Covered Property as shown in the Declarations. But this Utility Services Endorsement does not increase the applicable Limit of Insurance.

POLICY NUMBER: 05XG206501

BUSINESSOWNERS
BP 85 11 12 08

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
BUILDING AND BUSINESS PERSONAL PROPERTY CHANGES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE*				
Premises No.	Building No.	Auxiliary Building/Structure Description	Auxiliary Building/ Structure Limit	Auxiliary Buildings Business Personal Property Limit
1	1	GARAGE	\$532,186	
2	1	GARAGE	\$1,215,190	
4	1	GARAGE	\$633,351	
4	1	GARAGE	\$1,121,885	

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

Section I - Property is amended as follows:

A. Paragraph A.1. Covered Property is replaced with the following:

Covered Property includes Building as described under Paragraph **a.** below, Business Personal Property as described under Paragraph **b.** below, Auxiliary Buildings/Structures as described under Paragraph **c.** below, Auxiliary Buildings Business Personal Property as described under Paragraph **d.** below, or all four, depending on whether a Limit of Insurance is shown in the Declarations for that type of property. Regardless of whether coverage is shown in the Declarations for Buildings, Business Personal Property, Auxiliary Buildings/Structures, Auxiliary Buildings Business Personal Property, or all four, there is no coverage for property described under Paragraph **A.2. Property Not Covered.**

- a.** Building, means the described building shown in the Declarations, including:
 - (1)** Completed additions;
 - (2)** Fixtures, including outdoor fixtures;
 - (3)** Permanently installed:
 - (a)** Machinery; and
 - (b)** Equipment;
 - (4)** Your personal property in apartments, rooms or common areas furnished by you as landlord;
 - (5)** Personal property owned by you that is used to maintain or service the described building or the premises, including:
 - (a)** Fire extinguishing equipment;
 - (b)** Outdoor furniture;
 - (c)** Floor coverings; and
 - (d)** Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (6)** If not covered by other insurance:
 - (a)** Additions under construction, alterations and repairs to the described building;
 - (b)** Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the described building.
- b.** Business Personal Property located in or on the described building at the premises shown in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, including:
 - (1)** Property you own that is used in your business;
 - (2)** Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3)** Tenant's improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:

- (a)** Made a part of the described building you occupy but do not own; and
 - (b)** You acquired or made at your expense but cannot legally remove;
 - (4)** Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**; and
 - (5)** Exterior building glass, if you are a tenant and no Limit of Insurance is shown in the Declarations for Building property. The glass must be owned by you or in your care, custody or control.
- c.** Auxiliary Buildings/Structures, meaning the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1)** Completed additions;
 - (2)** Fixtures;
 - (3)** Permanently installed:
 - (a)** Machinery; and
 - (b)** Equipment;
 - (4)** Personal property owned by you that is used to maintain or service the auxiliary buildings/structures, including:
 - (a)** Fire extinguishing equipment;
 - (b)** Floor coverings; and
 - (c)** Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (5)** If not covered by other insurance:
 - (a)** Additions under construction, alterations and repairs to the auxiliary buildings/structures;
 - (b)** Materials, equipment, supplies and temporary structures, on or within 100 feet of the auxiliary buildings/structures, used for making additions, alterations or repairs to the auxiliary buildings/structures.
- d.** Auxiliary Buildings Business Personal Property located in or on the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1)** Property you own that is used in your business;
 - (2)** Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3)** Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**.
- B.** The following is added to **E.3.**, Property Loss Conditions – Duties In the Event of Loss or Damage:
- (10)** Keep records of your property in such a way that we can accurately determine the amount of any loss.