



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
1965 DOMINION WAY STE 120
COLORADO SPRINGS, CO 80918-1449

**Your Insurance
Coverage Summary**

000116EC108GAA4092732300 222306 0G1

**Advance Notice of
Renewal Premium**



DANIELS LOFT CONDOMINIUM OWNERS ASSOCIATION INC
C/O WYLENE CAROL
108 N TEJON ST APT F
COLORADO SPGS, CO 80903-1437

October 1, 2019

DANIELS LOFT CONDOMINIUM OWNERS ASSOCIATION INC

Thank you for allowing American Family to insure your business. We appreciate your trust and confidence. Listed below are the principal coverages and limits that will apply for the renewal term shown on this coverage summary letter. Please take a minute to review them to be sure they are adequate for your needs. If you would like to discuss your policy coverages and limits, or if you have any questions, please don't hesitate to contact me.

Policy Period: 12-01-2019 TO 12-01-2020
Customer Billing Account: 018-523-929 16

Policy Type:	BUSINESSOWNERS POLICY
Policy Number:	05XT739101
Total Advance Renewal Premium:	\$8,804.00
PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY	

Total Advance Renewal Premium Summary:	
Hired Auto and Non-Owned Auto Liability	\$148.00
Premises 1 108 N TEJON ST COLORADO SPGS, CO 80903-1437	\$8,656.00

Section I Property Coverage

Limit Of Insurance

Description Of Premises

Premises No. 1
Location 108 N TEJON ST
COLORADO SPGS, CO 80903-1437
Occupancy Condominium Association - Residential with Mercantile
Number Of Units 10
Building Interest Leased to Others
Construction Masonry Non-Combustible

Buildings, Auxiliary Buildings/Structures, Business Personal Property and Auxiliary Buildings Business Personal Property may have been increased by inflation protection.

ADGO 00010002 000116 0000



Building Replacement Cost	\$4,125,420
Business Personal Property Replacement Cost	\$62,029

<u>Section II Liability And Medical Expenses Coverage</u>	<u>Limit Of Insurance</u>
Aggregate Limit(Other Than Products Completed Operations)	\$4,000,000
Products-Completed Operations Aggregate Limit	\$4,000,000
Damage To Premises Rented To You	\$50,000
Liability And Medical Expenses	\$2,000,000
Premises 1 Medical Expenses - Any One Person	\$5,000

**This coverage summary does not represent contract terms.
Consult the policy for specific definitions and limitations.**

The renewal premium shown is for your next policy period.

**You may receive separate advance notice of renewal premium
if you have other Commercial Lines policies.**

**This coverage summary may not show all coverages and
limits on your policy.**

**Your American Family Agent is:
Michael Brandl Agency Inc.**

mbrandl@amfam.com

1965 Dominion Way Ste 120
Colorado Springs CO 80918-1449
719-630-7557

BUSINESSOWNERS 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

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THIS POLICY CONSISTS OF:

- **DECLARATIONS**
- **BUSINESSOWNERS COVERAGE FORM**
- **APPLICABLE FORMS AND ENDORSEMENTS**

Notification of changes to the Businessowners Policy that occur during the policy term will be made using a change endorsement that is issued by us and made a part of this policy. Whenever the sentence "Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations" appears in an endorsement attached to this policy, the sentence is changed to read:

Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declaration or on a change endorsement issued by us, and made a part of this policy.

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICYPOLICY NUMBER
05XT739101**DECLARATIONS**CUSTOMER BILLING ACCOUNT
018-523-929 16NAMED DANIELS LOFT CONDOMINIUM OWNERS ASSOCIATION INC
INSUREDMAILING C/O WYLENE CAROL
ADDRESS 108 N TEJON ST APT F
COLORADO SPGS, CO 80903-1437POLICY PERIOD FROM 12-01-2019 TO 12-01-2020
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 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 108 N TEJON ST
COLORADO SPGS, CO 80903-1437BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM ASSOCIATION - RESIDENTIAL WITH MERCANTILENUMBER OF UNITS 10
CONSTRUCTION MASONRY NON-COMBUSTIBLE
YEAR BUILT 2002

COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 386

POLICY PROPERTY DEDUCTIBLE \$5,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE \$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	\$4,125,420	\$8,272.00
BUSINESS PERSONAL PROPERTY REPLACEMENT COST	\$62,029	\$129.00
AUTOMATIC INCREASE IN COVERAGE	2%	

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AGENT 222-306
MICHAEL BRANDL AGENCY INC.
1965 DOMINION WAY STE 120
COLORADO SPRINGS, CO 80918-1449PHONE
719-630-7557PAGE 0001
BRANCH HLH014 RENW
ENTRY DATE 09-30-2019

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY**POLICY NUMBER**

05XT739101

DECLARATIONS**CUSTOMER BILLING ACCOUNT**

018-523-929 16

ADDITIONAL COVERAGE

BUSINESS INCOME

LIMIT OF INSURANCE

ACTUAL LOSS SUSTAINED

PREMIUM

INCLUDED

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 10 07 98

BP 84 11 07 98

BP 85 11 12 08

APPLICABLE PROPERTY ENDORSEMENT CHARGES

\$204.00

TOTAL ADVANCE PROPERTY PREMIUM

\$8,605.00

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

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

LOCATION**PREMIUM BASIS****RATE****ADVANCE PREMIUM**

PREMISES NO. 0001 BUILDING NO. 001

10 UNITS

\$51.00

APPLICABLE BUSINESS LIABILITY ENDORSEMENT CHARGES

\$148.00

TOTAL ADVANCE BUSINESS LIABILITY PREMIUM

\$199.00

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

AGENT 222-306

PHONE

PAGE

0002

MICHAEL BRANDL AGENCY INC.

719-630-7557

BRANCH HLH014 RENW

1965 DOMINION WAY STE 120

ENTRY DATE 09-30-2019

COLORADO SPRINGS, CO 80918-1449

BP AF 01 08 18

INSURED

Stock No. 15141

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

POLICY NUMBER
05XT739101

DECLARATIONS

CUSTOMER BILLING ACCOUNT
018-523-929 16

BP 14 60 06 10
BP 85 05 07 98CO

BP 15 04 05 14
BP 85 10 07 98

BP 84 24 01 07
BP 85 12 01 06

BP 85 04 07 10
IL 75 26 12 05

TOTAL ADVANCE BUSINESS PREMIUM

\$8,804.00

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 05 15 01 15
BP 87 01 08 10

BP 00 03 01 06
BP 05 24 01 15
BP 87 90 08 10

BP 01 81 11 13
BP 05 41 01 15

BP 05 01 07 02
BP 80 01 08 18

AUTHORIZED
REPRESENTATIVE

William B. Vest
President

Peck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

00000 004007 000361 0361 00000



AGENT 222-306
MICHAEL BRANDL AGENCY INC.
1965 DOMINION WAY STE 120
COLORADO SPRINGS, CO 80918-1449

PHONE
719-630-7557

PAGE 0003
BRANCH HLH014 RENW
ENTRY DATE 09-30-2019

BP AF 01 08 18

INSURED

Stock No. 15141

POLICY NUMBER: 05XT739101

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;**

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- 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: 05XT739101

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	

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:

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- (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: 05XT739101

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

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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.