

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
05 XU7326-01

COMPANY CODE
0021-BLBK-CO

CUSTOMER BILLING ACCOUNT
019-409-465 58

NAMED
INSURED MOUNTAIN VALLEY HOMEOWNERS ASSOCIATION
MAILING PO BOX 11155
ADDRESS ASPEN CO 81612-9117

POLICY PERIOD FROM 12/29/2021 TO 12/29/2022
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

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.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$446.00
TOTAL PREMIUM	\$446.00

AUTHORIZED REPRESENTATIVE

William B. West
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 170-307
TRISH ROMERO AGENCY INC
817 COLORADO AVE STE 106
GLENWOOD SPRINGS CO 81601-3352

PAGE 01
BRANCH CFR 02-12
ENTRY DATE 10/01/2021



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XU7326-01

COMPANY CODE
0021-BLBK-CO

NAMED INSURED MOUNTAIN VALLEY HOMEOWNERS ASSOCIATION
MAILING ADDRESS PO BOX 11155
 ASPEN CO 81612-9117

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$4,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$4,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$2,000,000
EACH OCCURRENCE LIMIT	\$2,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$10,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 **PREMISES** 001
 449 MOUNTAIN LAUREL DR UNIT 1
 ASPEN PITKIN COUNTY CO 81611-2380

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	115 (007)	3.879 (A)		\$446.00	
	A=EACH ONE			007=UNITS		
	CERTIFIED ACTS OF TERRORISM				\$9.00	
TOTAL ADVANCE PREMIUM					\$446.00	

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

CG 21 71 01 15	IL 00 21 07 02	IL 75 26 12 05	CG 00 01 12 07	IL 02 28 09 07
CG 21 47 12 07	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98	CG 21 96 03 05
CG 21 67 12 04	CG 77 14 04 02	CG 77 04 07 10	IL 09 85 01 15	IL 75 40 03 16
IL 01 25 11 13	CG 21 06 05 14			

AGENT 170-307
 TRISH ROMERO AGENCY INC
 817 COLORADO AVE STE 106
 GLENWOOD SPRINGS CO 81601-3352

PAGE 01
BRANCH CFR 02-12
ENTRY DATE 10/01/2021

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XU7326-01

COMPANY CODE
0021-BLBK-CO

AUTHORIZED
REPRESENTATIVE

William B. West
President

John P. Eck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 170-307
TRISH ROMERO AGENCY INC
817 COLORADO AVE STE 106
GLENWOOD SPRINGS CO 81601-3352

PAGE 02
BRANCH CFR 02-12
ENTRY DATE 10/01/2021

