

**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

**Mathew W Stimeling**  
1503 spruce Street, Ste 1  
Boulder, CO 80302

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.

**CERTIFICATE HOLDER(S)** \_\_\_\_\_ Effective Date \_\_\_\_\_  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.

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  
**Settlers Village Sub Association, Inc. c/o highlands Ranch Community Association, 9568 University Blvd, Highlands Ranch, CO 80126**

MORTGAGEE'S NAME AND ADDRESS

POLICY TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
BUSINESSOWNERS POLICY	05-XP5841-01	07/19/2011	07/19/2012

**★ PROPERTY**

Risks of Direct Physical Loss  Named Perils \$ 2,500 Premises Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE +
Building(s) _____	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>35,657,003</u>
Business Personal Property _____	Replacement Cost	\$ _____

+ Condominium Association's Limits.

**★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

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

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

**UNIFORM CONDOMINIUM ACT STATES**

Subject to the provisions of the Mortgagee Clause, all proceeds covering any loss of property collectively owned shall be payable to the Insurance Trustee identified below:

INSURANCE TRUSTEE'S NAME AND ADDRESS  
**199 units**  
**Crime & Fidelity Coverage - \$550,000, Commercial Liability Umbrella - \$2,000,000**

DATE ISSUED <b>08/02/2011</b>	AUTHORIZED REPRESENTATIVE <b>Kimberly A Wood</b>
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