AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

BUSINESSOWNERS POLICY

DECLARATIONS

POLICY NUMBER
05XY431401

NAMED INSURED VAIL TOWNHOUSES CONDO ASSN INC

MAILING ADDRESS C/O VOSTAR REAL ESTATE
635 N FRONTAGE RD W # 1
VAIL, CO 81657-4416

POLICY PERIOD FROM 02-01-2006 TO 02-01-2007
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 PREMISES

PREMISES NO. 0001 BUILDING NO. 001

LOCATION 303 GORE CREEK DR
VAIL, CO 81657-4570

BUILDING INTEREST LEASED TO OTHERS
PREDOMINANT OCCUPANCY CONDOMINIUM BUILDING - RESIDENTIAL WITHOUT MERCANTILE
NUMBER OF UNITS 7
CONSTRUCTION FRAME
YEAR BUILT 1964
COMMERCIAL BUILDING CONSTRUCTION COST INDEX LEVEL 277

POLICY PROPERTY DEDUCTIBLE $1,000

OTHER PROPERTY DEDUCTIBLE(S)

OPTIONAL COVERAGE/GLASS DEDUCTIBLE	$500
SEWER BACKUP AND SUMP OVERFLOW DEDUCTIBLE	$500

COVERAGE	LIMIT OF INSURANCE	PREMIUM
BUILDING REPLACEMENT COST	$4,494,162	$5,182.00

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AGENT 169-307
MIKE DEACON
PO BOX 3259
AVON, CO 81620-3259

PHONE
970-949-4465

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ENTRY DATE 11-17-2005