AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

COMMERCIAL LIABILITY UMBRELLA POLICY

DECLARATIONS

POLICY NUMBER
05XY431407

NAMED INSURED VAIL TOWNHOUSES CONDO ASSN INC

MAILING ADDRESS C/O VISTAR 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 INDIVIDUAL

LIMITS OF INSURANCE

AGGREGATE LIMIT	$1,000,000
EACH OCCURRENCE LIMIT	$1,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	$1,000,000
SELF INSURED RETENTION	$10,000

SCHEDULE OF UNDERLYING INSURANCE

UNDERLYING INSURANCE - BUSINESSOWNERS POLICY	**LIMIT OF INSURANCE**
LIABILITY & MEDICAL EXPENSES	$2,000,000

UNDERLYING INSURANCE - AUTOMOBILE LIABILITY	**LIMIT OF INSURANCE**
HIRED & NON OWNED AUTO LIABILITY	$2,000,000

TOTAL ADVANCE PREMIUM $400.00

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

CU 00 00 10 01	CU 00 01 12 04	CU 00 03 03 05	CU 01 46 09 00	CU 21 18 09 00
CU 21 23 02 02	CU 21 27 12 04	CU 21 34 12 02	CU 21 44 05 04	CU 21 50 03 05
CU 71 01 10 01	CU 71 02 10 01	CU 71 08 10 01	CU 72 02 10 01	CU 73 01 12 04
IL 00 17 11 98	IL 02 28 07 02	IL 75 26 10 01		

AUTHORIZED REPRESENTATIVE — President

Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

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

PHONE
970-949-4465

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ENTRY DATE 05-08-2006

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