

Processed by:
Flood Insurance Processing Center
P.O. Box 2057 Kalispell MT 59903-2057

REFERENCE NUMBER: 87041800542008
POLICY#: 1927575647

For payment status, call: (866) 245-7274

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
FLOOD POLICY DECLARATIONS

New Policy

TYPE: CONDO

POLICY PERIOD: 3/29/2008 to 3/29/2009

These Declarations are effective as of, 3/29/2008 at 12:01 AM

PRODUCER NAME & MAILING ADDRESS

|||||

PRODUCER#: 0000169307
MIKE DEACON
PO BOX 3253
AVON, CO 81620-3259

INSURED NAME & ADDRESS

VAIL TOWNHOUSES CONDO ASSOC
303 GORE CREEK DR
VAIL, CO 81657

Ref: 09120-09521-000

POLICY INFORMATION

PREMIUM PAYOR: Insured

COMMUNITY NAME
VAIL, TOWN OF

COMMUNITY NUMBER
080054 0488 D

INSURED PROPERTY ADDRESS
303 GORE CREEK DR
VAIL, CO 81657

POLICY TERM: One Year

BUILDING DESCRIPTION

Other Residential
Three or More Floors
No Basement
High Rise 18 Units

Coverage Limitations May Apply. Refer
to your Standard Flood Insurance
Policy for details.

CONTENTS LOCATION
N/A

Estimated Replacement Cost: \$4,121,100

PROGRAM
Regular

FLOOD ZONE
X

CONSTRUCTION
Pre-Fire
Construction

COVERAGE & RATING INFORMATION
BUILDING

Coverage: \$4,500,000
Deductible: \$3,000
Rates: 1.180 / .040

Coverage: N/A
Deductible: N/A
Rates: N/A

CONTENTS

PREMIUM PAID

Premium Subtotal: \$3,345.00
Previous Premium Subtotal: \$3,345.00
ICC Premium: \$6.00
CRS Discount: \$168.00
Expense Constant: \$8.00
Federal Policy Fee: \$330.00
Endorsement Amount: \$8.00

Total Premium: \$3,519.00

FIRST MORTGAGEE

SECOND MORTGAGEE

This Declaration Page, in conjunction with the policy, constitutes your Flood Insurance Policy.
IN WITNESS WHEREOF, we have signed this policy below and hereby enter into this Insurance Agreement.

John Salome
President

James W. Eldridge
Secretary

PRODUCER COPY

KDB

American Family Mutual Insurance Company

3/19/2008
MS