EVIDENCE OF PROPERTY INSURANCE

American Family Insurance Company ☐
American Family Mutual Insurance Company if selection box is not checked.
6000 American Pky Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

This is evidence that the company indicated has the following insurance in force and conveys all the rights and privileges afforded under the policy.

This certificate does not amend, extend or alter the coverage afforded by the policies listed.

Insured's Name and Address

Policy Number	
05-XV7681-02	
Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY)
08/12/2015	08/12/2016 *

PROPERTY INFORMATION

PROPERTY LOCATION	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)
23655 County Rd 16 Oak Creek, CO 80467	Real Estate Development Property

COVERAGES

Personal Lines - Property				Farm/Ranch Lines		Business Insurance	
Policy Type				Policy Type		Policy Type	Form
☐ HO 1	☐ HO 5/GS	☐ MH 1	☐ DP 01	☐ FR 02	☐ FR MH 01 (GA)	☐ Businessowners	☐ Named Peril
☐ HO 2	☐ HO 6	☐ MH 3	☐ DP 02	☐ FR 03	☐ FR MH 03	☒ Business Key	☐ Basic
☐ HO 3	☐ CV 1	☐ MHGS	☐ BO	☐ FR 04		[ ] Property	☐ Broad
☐ HO 4	☐ CV 3			☐ FR 05		[ ] Inland Marine	☒ Special
Amount of Insurance				Amount of Insurance		Amount of Insurance	
Cov. A Dwelling	$			Cov. A Dwelling	$	Building	$ 10,000
Cov. B Pers. Property	$			Cov. B Pers. Property	$	Bus. Pers. Property	$
Cov. B Other Struct. (Fire & E.C.)	$			Sec. III Pers. Prop. Blanket	$	Other	$
Cov. C Pers. Prop. (Fire & E.C.)	$			Sec. III Schedule	$		
Boatowners - Sect. I	$			Sec. IV Outbldgs.	$		
Other	$			Other	$		
Deductible	$			Deductible Sec. I	$	Deductible-Bldg.	$ 1,000
				Deductible Sec. III	$	Deductible-Bus. Pers. Prop.	$
				Deductible Sec. IV	$	Deductible	$

REMARKS (Including Special Conditions/Endorsements)

PLAYGROUND EQUIPMENT, $2,000,000 PER OCCURRENCE/$4,000,000 AGGREGATE LIABILITY, $100,000 CRIME & FIDELITY, $1,000,000 DIRECTORS & OFFICERS LIABILITY

EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION

EFFECTIVE DATE - Date additional interest is added.

RENEWAL OF COVERAGE / CANCELLATION - This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.

*The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST
	LOAN NUMBER
	☐ Mortgagee ☐ Loss Payee ☐
	DATE ISSUED / AUTHORIZED REPRESENTATIVE

TO AGENT: It is very important that you mail a copy to American Family on the day issued, along with the application.

Print Envelope Print Envelope

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