

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

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

	Policy Number
Effective Date (MM/DD/YY)	Expiration Date (MM/DD/YY) *

PROPERTY LOCATION	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)
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Personal Lines - Property				Farm/Ranch Lines		Business Insurance	
Policy Type				Policy Type		Policy Type	Form
<input type="checkbox"/> HO 1	<input type="checkbox"/> HO 5/GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> DP 01	<input type="checkbox"/> FR 02	<input type="checkbox"/> FR MH 01 (GA)	<input type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 6	<input type="checkbox"/> MH 3	<input type="checkbox"/> DP 02	<input type="checkbox"/> FR 03	<input type="checkbox"/> FR MH 03	<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> MHGS	<input type="checkbox"/> BO	<input type="checkbox"/> FR 04		<input type="checkbox"/> [ ] Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3			<input type="checkbox"/> FR 05		<input type="checkbox"/> [ ] Inland Marine	<input type="checkbox"/> Special
Amount of Insurance				Amount of Insurance		Amount of Insurance	
Cov. A Dwelling		\$ _____		Cov. A Dwelling \$ _____		Building \$ _____	
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. \$ _____	
				Deductible Sec. III \$ _____		Deductible-Bus. Pers. Prop. \$ _____	
				Deductible Sec. IV \$ _____		Deductible _____ \$ _____	

[illegible]

**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".

[illegible]

U-200 Ed. 12/08

ORIGINAL-Additional Interest      COPIES - Services; Insured; Agent

Stock No. 06654