

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company

American Family Mutual Insurance Company if selection box is not checked.

6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address

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

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$,000 Each Occurrence \$,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$,000
Businessowners Liability				Each Occurrence †† \$,000 Aggregate †† \$,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input type="checkbox"/>				Each Occurrence/Aggregate \$,000
Other (Miscellaneous Coverages)				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS				† The individual or partners shown as insured <input type="checkbox"/> Have <input type="checkbox"/> Have not elected to be covered as employees under this policy. †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.
CERTIFICATE HOLDER'S NAME AND ADDRESS			CANCELLATION	
•			<input type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.	
DATE ISSUED			AUTHORIZED REPRESENTATIVE	

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.)

James M. Giacoma (303) 665-3695
 12995 Sheridan Blvd Ste 202
 Broomfield,, CO 80020-1489 (021/311)

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

Minotour Village
 C/O Homestead Management
 1401 W 122nd Ave #101
 Westminster, CO 80234-4900

Policy Number 05-XP2697-01-00
Effective Date (MM/DD/YY) 12/31/2011
Expiration Date (MM/DD/YY) 12/31/2012 *

PROPERTY INFORMATION	
PROPERTY LOCATION 1100 Bacchus Drive Lafayette, CO 80026	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #)

COVERAGES							
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 checked="" 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 checked="" type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance			
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ 10,611,425		
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.	\$ 2500		
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ _____		
		Deductible Sec. IV	\$ _____	Deductible	\$ _____		

REMARKS (Including Special Conditions/Endorsements)

Crime and Fidelity Coverage - \$220,000 Waiver of Co Insurance, 30 days notice of Cancellation, 12 months loss of rents - actual loss sustained up to 12 months. Condominium Enhancement Endorsement Included.

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
For Information Only	LOAN NUMBER
	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> _____
DATE ISSUED 1/4/2012	AUTHORIZED REPRESENTATIVE James M. Giacoma

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