







**AMERICAN FAMILY MUTUAL INSURANCE COMPANY**

MADISON, WISCONSIN 53783-0001

**BUSINESSOWNERS POLICY**

**DECLARATIONS**

**POLICY NUMBER**

05XH030101

**TOTAL ADVANCE BUSINESS PREMIUM**

**\$2,402.00**

**This premium may be subject to adjustment.**

Forms and endorsements applying to property and liability at all premises and made part of this policy at time of issue:

Any endorsement followed by a state abbreviation will only apply to coverages within this state.

BP IN 01 07 02	BP 00 03 07 02	BP 01 81 07 02	BP 05 01 07 02
BP 05 33 05 05	BP 05 40 12 02	BP 05 64 05 04	BP 05 71 05 04
BP 80 01 07 98	BP 87 01 12 05		

AUTHORIZED REPRESENTATIVE

*Don R. Anderson*  
President

*James F. Edridge*  
Secretary

COUNTERSIGNED  
LICENSED RESIDENT AGENT

05XH03010100000000000500911217

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

PHONE  
970-949-4465

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BRANCH LJCO15 RENW  
ENTRY DATE 01-18-2006

BP AF 01 01 99

AGENT

Stock No. 15141





POLICY NUMBER: 05XH030101

BUSINESSOWNERS  
BP 04 46 11 02**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
ORDINANCE OR LAW COVERAGE**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM – SECTION I – PROPERTY

**SCHEDULE\***

Prem No.	Bldg No.	Cov. 1	Cov. 2 Limit of Insur.	Cov. 3 Limit of Insur.	Covs. 2 and 3 <b>Combined</b> Limit of Insur.
0001	001	X			\$152,145 **
0002	001	X			\$114,435 **
0003	001	X			\$91,800 **
0004	001	X			\$91,620 **

Business Income And Extra Expense Optional Coverage Yes  No 

Number Of Hours \*\*\* Waiting Period For Period of Restoration 72

\* Information required to complete the Schedule, if not shown on this endorsement, will be shown in the Declarations.

\*\* Do **not** enter a Combined Limit of Insurance if individual Limits of Insurance are selected for Coverages 2 and 3, or if one of these Coverages is not applicable.

\*\*\* Applicable to Business Income and Extra Expense Optional Coverage.

**A. Each Coverage – Coverage 1, Coverage 2 and Coverage 3 –** is provided under this endorsement only if that Coverage(s) is chosen by entry in the above Schedule and then only with respect to the building identified for the Coverage(s) in the Schedule.

**B. Application Of Coverage(s)**

The Coverage(s) provided by this endorsement apply only if both **B.1.** and **B.2.** are satisfied and are then subject to the qualifications set forth in **B.3.**

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