

138-307

BROOKWOOD HOMEOWNERS ASSOCIATION
PO BOX 40416
GRAND JUNCTION CO 81504-0416



+0000384 138-307
BROOKWOOD HOMEOWNERS ASSOCIATION
PO BOX 40416
GRAND JUNCTION CO 81504-0416



BUSINESS KEY POLICY

Non-assessable policy Issued by

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

6000 American Pkwy

Madison WI 53783-0001

(608) 249-2111

Member of American Family Insurance Group



THIS POLICY CONSISTS OF:**- DECLARATIONS****- ONE OR MORE COVERAGE PARTS. A COVERAGE PART CONSISTS OF:**

- ONE OR MORE COVERAGE FORMS
- APPLICABLE FORMS AND ENDORSEMENTS

- COMMON POLICY CONDITIONS

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER

05 XU9806-01

COMPANY CODE

0018-BLBK-CO

CUSTOMER BILLING ACCOUNT

019-574-264 77

NAMED INSURED MAILING ADDRESS

BROOKWOOD HOMEOWNERS ASSOCIATION PO BOX 40416 GRAND JUNCTION CO 81504-0416

POLICY PERIOD

FROM 03/28/2018 TO 03/28/2019 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION

BUSINESS DESCRIPTION: HOMEOWNERS ASSOCIATION

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated, this premium may be subject to adjustment.

	PREMIUM	
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$450.00	
COMMERCIAL PROPERTY COVERAGE PART	\$200.00	MINIMUM
	TOTAL PREMIUM	\$650.00

Forms and endorsements applying to all coverage parts and made part of this policy at time of issue:

BK 00 00 05 17

AUTHORIZED REPRESENTATIVE

Jack Sandell
President

Peck
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 138-307
JEFFREY CRANDELL
2710 PATTERSON RD STE A
GRAND JUNCTION CO 81506-4140

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XU9806-01

COMPANY CODE
0018-BLBK-CO

NAMED INSURED: BROOKWOOD HOMEOWNERS ASSOCIATION
PO BOX 40416
MAILING ADDRESS: GRAND JUNCTION CO 81504-0416

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS-COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT - ANY ONE PREMISES	\$100,000
MEDICAL EXPENSE LIMIT - ANY ONE PERSON	\$5,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION 0001 PREMISES 001
2980 1/2 BRET DR
GRAND JUNCTION MESA COUNTY CO 81504-6925

CLASSIFICATION

CODE	DESCRIPTION	PREMIUM BASIS	RATE		ADVANCE PREMIUM	
			ALL OTHER	PR/CO	ALL OTHER	PR/CO
09030	HOMEOWNERS ASSOCIATION PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	95 (007)	3.490 (A)		\$332.00	

A=EACH ONE

007=UNITS

APPLICABLE ENDORSEMENT CHARGES \$118.00

TOTAL ADVANCE PREMIUM \$450.00

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

CG 21 75 01 15	CG 74 01 07 03	IL 00 21 07 02	IL 75 26 12 05	CG 00 01 12 07
IL 02 28 09 07	CG 21 47 12 07	IL 00 17 11 98	IL 75 02 06 99	CG 21 60 09 98
CG 21 96 03 05	CG 21 67 12 04	CG 77 14 04 02	CG 77 04 07 10	IL 09 85 01 15
IL 75 40 03 16	IL 01 25 11 13			

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MADISON, WISCONSIN 53783-0001
COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XU9806-01

COMPANY CODE
0018-BLBK-CO

AUTHORIZED
REPRESENTATIVE

Jack Schmidt
President

Reck
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 138-307
JEFFREY CRANDELL
2710 PATTERSON RD STE A
GRAND JUNCTION CO 81506-4140

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IL 01 25 11 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COLORADO CHANGES – CIVIL UNION

This endorsement modifies insurance provided under the following:

**COMMERCIAL AUTOMOBILE COVERAGE PART
 COMMERCIAL GENERAL LIABILITY COVERAGE PART
 COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
 ELECTRONIC DATA LIABILITY COVERAGE PART
 FARM COVERAGE PART
 FARM UMBRELLA LIABILITY POLICY
 LIQUOR LIABILITY COVERAGE PART
 MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
 OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
 POLLUTION LIABILITY COVERAGE PART
 PRODUCT WITHDRAWAL COVERAGE PART
 PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
 UNDERGROUND STORAGE TANK POLICY**

- A.** The term "spouse" is replaced by the following:
 Spouse or party to a civil union recognized under Colorado law.
- B.** Under the Commercial Automobile Coverage Part, the term "family member" is replaced by the following and supersedes any other provisions to the contrary:
 "Family member" means a person related to:
1. The individual Named Insured by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of such Named Insured's household, including a ward or foster child;
 2. The individual named in the Schedule by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of the individual's household, including a ward or foster child, if the Drive Other Car Coverage - Broadened Coverage For Named Individuals endorsement is attached.
- C.** With respect to coverage for the ownership, maintenance or use of "covered autos" provided under the Commercial Liability Umbrella Coverage Part, the term "family member" is replaced by the following:
 "Family member" means a person related to you by blood, adoption, marriage or civil union recognized under Colorado law, who is a resident of your household, including a ward or foster child.





POLICY NUMBER: 05 XU9806-01

COMMERCIAL GENERAL LIABILITY
CG 74 01 07 03**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****HIRED AUTO AND NON-OWNED
AUTO LIABILITY INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Insurance is provided only with respect to those coverages for which an entry is shown under Premium:

Coverage	Premium
Hired Auto Liability Insurance	\$ INCLUDED
Non-Owned Auto Liability Insurance	\$ INCLUDED

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Hired Auto Liability

The insurance provided under Coverage **A** – Bodily Injury And Property Damage Liability (Section **I** – Coverages) applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

B. Non-Owned Auto Liability

The insurance provided under Coverage **A** – Bodily Injury And Property Damage Liability (Section **I** – Coverages) applies to "bodily injury" or "property damage" arising out of the use of a "non-owned auto" by any person in the course of your business.

C. Changes In Exclusions

With respect to the insurance provided by this endorsement:

- Subparagraphs **b.**, **c.**, **e.**, **g.**, **h.**, **j.**, **k.**, **l.**, **m.** and **n.** of Paragraph **2.**, **Exclusions of Coverage A – Bodily Injury And Property Damage Liability** (Section **I** – Coverages) do not apply.
- The following exclusions are added to Paragraph **2.**, **Exclusions of Coverage A – Bodily Injury And Property Damage Liability** (Section **I** – Coverages):

This insurance does not apply to:

- "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:
 - That the insured would have in the absence of the contract or agreement; or
 - Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.
- "Bodily injury" to:
 - An "employee" of the insured arising out of and in the course of:
 - Employment by the insured; or
 - Performing duties related to the conduct of the insured's business; or

- The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph **(1)** above.

This exclusion applies:

- Whether the insured may be liable as an employer or in any other capacity; and
- To any obligation to share damages with or repay someone else who must pay the damages because of the injury.

This exclusion does not apply to:

- Liability assumed by the insured under an "insured contract"; or
- "Bodily injury" to domestic "employees" not entitled to workers' compensation benefits.

c. "Property damage" to:

- Property owned or being transported by, or rented or loaned to the insured; or
- Property in the care, custody or control of the insured.

D. Who Is An Insured

For the purposes of this endorsement only, **Section II – Who Is An Insured** is replaced by the following:

- Each of the following is an insured under this insurance to the extent set forth below:
 - You.
 - Any other person using a "hired auto" with your permission.
 - With respect to a "non-owned auto", any partner or "executive officer" of yours, but only while such "non-owned auto" is being used in your business.
 - Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under Paragraphs **a.**, **b.** or **c.** above.
- None of the following is an insured:
 - Any person engaged in the business of his or her employer with respect to "bodily injury" to any co-employee of such person injured in the course of employment;



- b. Any partner or "executive officer" with respect to any "auto" owned by such partner or officer or a member of his or her household;
- c. Any person while employed in or otherwise engaged in performing duties related to the conduct of an "auto business", other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
- e. Any person or organization with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

E. Limits Of Insurance

For the purposes of this endorsement only, **Section III – Limits Of Insurance** is replaced by the following:

Regardless of the number of "hired autos", "non-owned autos", insureds, premiums paid, claims made or vehicles involved in the "occurrence", the most we will pay for all damages resulting from any one "occurrence" is the Each Occurrence Limit shown in the Declarations.

F. Changes In Conditions

For the purposes of this endorsement only, Paragraph 4. **Other Insurance of Section IV – Commercial General Liability Conditions** is replaced by the following:

This insurance is excess over any primary insurance covering the "hired auto" or "non-owned auto".

G. Additional Definitions

For the purposes of this endorsement only, the following definitions are added to the **Definitions** Section:

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers", or members of their households.
3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.



AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XU9806-01

COMPANY CODE
0018-BLBK-CO

NAMED INSURED BROOKWOOD HOMEOWNERS ASSOCIATION
INSURED PO BOX 40416
MAILING ADDRESS GRAND JUNCTION CO 81504-0416

COVERAGES PROVIDED

Insurance at the described premises applies only for coverages for which a Limit of Insurance is shown.

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 001
LOCATION 2980 1/2 BRET DR
GRAND JUNCTION MESA COUNTY CO 81504-6925

OCCUPANCY SHED & FENCE
CONSTRUCTION FRAME

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$5,000

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$500	80%	\$15.00

COVERAGE SEE CP 14 10 (RC)

LIMIT OF INSURANCE \$5,000

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$500	80%	\$15.00

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 002
LOCATION 2980 1/2 BRET DR
GRAND JUNCTION MESA COUNTY CO 81504-6925

OCCUPANCY MONUMENT
CONSTRUCTION NOT APPLICABLE

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$10,000

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$500	80%	\$17.00

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JEFFREY CRANDELL
2710 PATTERSON RD STE A
GRAND JUNCTION CO 81506-4140

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.
MADISON, WISCONSIN 53783-0001

**COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS**

POLICY NUMBER
05 XU9806-01

COMPANY CODE
0018-BLBK-CO

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 003
LOCATION 2980 1/2 BRET DR
GRAND JUNCTION MESA COUNTY CO 81504-6925

OCCUPANCY BBQ & AWNINGS
CONSTRUCTION NOT APPLICABLE

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$2,000

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$500	80%	\$6.00

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 004
LOCATION 2980 1/2 BRET DR
GRAND JUNCTION MESA COUNTY CO 81504-6925

OCCUPANCY BENCHES
CONSTRUCTION NOT APPLICABLE

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$1,000

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$500	80%	\$3.00

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 005
LOCATION 2980 1/2 BRET DR
GRAND JUNCTION MESA COUNTY CO 81504-6925

OCCUPANCY TREES & SHRUBS
CONSTRUCTION FRAME

COVERAGE OUTDOOR TREES, SHRUBS, AND PLANTS (RC)

LIMIT OF INSURANCE SEE CP 14 30

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$500	80%	\$43.00

(RC) = REPLACEMENT COST

BALANCE TO MINIMUM \$101.00

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JEFFREY CRANDELL
2710 PATTERSON RD STE A
GRAND JUNCTION CO 81506-4140

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XU9806-01

COMPANY CODE
0018-BLBK-CO

TOTAL ADVANCE PREMIUM

\$200.00 MINIMUM

Forms and endorsements applying to this coverage part and made part of this policy at time of issue:

IL 00 17 11 98	CP 12 70 09 96	IL 02 28 09 07	IL 75 26 12 05	IL 09 35 07 02
CP 01 40 07 06	IL 09 85 01 15	CP 00 90 07 88	CP 00 10 04 02	CP 10 30 04 02
IL 09 53 01 15	CP 14 10 06 95	IL 09 99 01 07	CP 14 30 10 00	

AUTHORIZED REPRESENTATIVE

Jack Schmalz
President

Rock
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 138-307
JEFFREY CRANDELL
2710 PATTERSON RD STE A
GRAND JUNCTION CO 81506-4140

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POLICY NUMBER: 05 XU9806-01

COMMERCIAL PROPERTY
CP 14 10 06 95**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL COVERED PROPERTY**

This endorsement modifies insurance provided under the following:

BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CONDOMINIUM ASSOCIATION COVERAGE FORM
CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
STANDARD PROPERTY POLICY

The following is withdrawn from PROPERTY NOT COVERED and added to COVERED PROPERTY:

SCHEDULE*				
Prem. No.	Bldg. No.	Paragraph Reference	Description of Property	Type of Property Coverage (Enter BUILDING or PERSONAL PROPERTY)
0001	001	2.Q.(2)	FENCE	BUILDING

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



POLICY NUMBER: 05 XU9806-01

COMMERCIAL PROPERTY
CP 14 30 10 00

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
OUTDOOR TREES, SHRUBS AND PLANTS**

This endorsement modifies insurance provided under the following:

- BUILDERS' RISK COVERAGE FORM
- BUILDING AND PERSONAL PROPERTY COVERAGE FORM
- CONDOMINIUM ASSOCIATION COVERAGE FORM
- CONDOMINIUM COMMERCIAL UNIT-OWNERS COVERAGE FORM
- STANDARD PROPERTY POLICY

SCHEDULE*								
Prem. No.	Bldg. No.	Limit of Insurance				Causes of Loss Form Applicable	Vehicle Exclusion	Additional Premium
		Each Tree	Each Shrub	Each Plant	All Items			
0001	005	\$4,000	\$1,000		\$5,000	SPECIAL FORM		INCLUDED

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

- A.** The following is added to **Covered Property:**
Outdoor trees, shrubs and plants at locations described in the Schedule.
- B.** The following is deleted from **Property Not Covered:**
"Trees, shrubs or plants"
- C.** The most we will pay for loss or damage to covered trees, shrubs and plants in any one occurrence is the Limit of Insurance for All Items, subject to the separate limit applicable to Each Tree, Shrub or Plant, shown in the Schedule.
- D.** Outdoor trees, shrubs and plants are subject to all applicable provisions of the Causes of Loss Form indicated in the

- Schedule, as well as to the following exclusions:
We will not pay for loss or damage to outdoor trees, shrubs or plants, caused by or resulting from any of the following:
1. Dampness or dryness of atmosphere;
 2. Changes in or extremes of temperature; or
 3. Rain, snow, ice or sleet.
- E.** If the Vehicle Exclusion option is designated in the Schedule by an "X," we will not pay for loss or damage caused by vehicles to outdoor trees, shrubs or plants.



All Coverage Parts included in this policy are subject to the following condition

POLICY PERIOD - RENEWAL OF COVERAGE

Insurance begins and ends at 12:01 A.M., Standard Time, at **your** mailing address and for the policy period shown in the declarations. The first Named Insured shown in the declarations may continue this policy for successive policy periods by paying the required premium on or before the effective date of each renewal policy period. If the premium is not paid when due, this policy expires at the end of the last policy period for which the premium was paid.

The premium for each policy period will be based on **our** current rates and rules.

If this policy replaces coverage in other policies terminating at 12:00 Noon (standard time) on the inception date of this policy, this policy shall be effective at 12:00 Noon (standard time) instead of at 12:01 A.M., Standard Time.



Special Provisions for American Family Mutual Insurance Company, S.I. Policyholders**1. MEMBERSHIP AND VOTING**

While this policy is in force, each insured named in the Declarations is considered an owner or policyholder and a member of the American Family Insurance Mutual Holding Company (AFIMHC) of Madison, Wisconsin. As a member, you are entitled to one vote at all meetings either in person or by proxy. You can only cast one vote regardless of the number of policies or coverage you purchased. If two or more persons qualify as a member under a single policy, they are considered one member for purposes of voting. The owner of a group policy will have one vote regardless of the number of persons insured or coverage purchased. Fractional voting is not allowed. If you are a minor, any vote will be given to your parent or legal guardian.

2. ANNUAL MEETINGS

The Annual Meetings are held at the Home Office: 6000 American Parkway, Madison, Wisconsin, on the first Tuesday of March at 2:00 P.M. Central Standard Time. Notice in this policy shall be sufficient notification.

3. DIVIDENDS

If any dividends are declared, you will share in them according to law and under conditions set by the Board of Directors.

This policy is signed at Madison, Wisconsin, on **our** behalf by **our** President and Secretary. If it is required by law, it is countersigned on the declarations by **our** authorized representative.


President


Secretary

This is not a complete and valid contract without accompanying DECLARATIONS properly executed.

