

Your Insurance Coverage Summary

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Advance Notice of Renewal Premium

July 27, 2007



169-307 000000004A000020G
OROFINO BY STRAIGHT CREEK
C/O Americana Resort Properties
PO BOX 1891
DILLON, CO 80435-1891

OROFINO BY STRAIGHT CREEK

Thank you for allowing American Family to insure your business. We appreciate your trust and confidence. Listed below are the principal coverages and limits that will apply for the renewal term shown on this coverage summary letter. Please take a minute to review them to be sure they are adequate for your needs. If you would like to discuss your policy coverages and limits, or if you have any questions, please don't hesitate to contact me.

Policy Period: 09-01-2007 TO 09-01-2008

Customer Billing Account: 013-287-534 81

Policy Type: BUSINESSOWNERS POLICY
Policy Number: 05XY942601
Total Advance Renewal Premium:

PLEASE DO NOT SEND MONEY ** INFORMATIONAL ONLY

Total Advance Renewal Premium Summary:

Employee Dishonesty
Hired Auto and Non-Owned Auto Liability
Blanket Insurance applies

Premises 1 0290 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 2 0340 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 3 0390 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 4 0440 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 5 0490 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 6 0540 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 7 0590 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 8 0640 STRAIGHT CRK
SILVERTHORNE, CO 80498

Premises 9 0690 STRAIGHT CRK

Your Insurance Coverage Summary

AMERICAN FAMILY MUTUAL INSURANCE COMPANY

Advance Notice of Renewal Premium



169-307 000000004A0000280
OROFINO BY STRAIGHT CREEK
05XY942601

		SILVERTHORNE, CO 80498
Premises	10	0740 STRAIGHT CRK SILVERTHORNE, CO 80498
Premises	11	0790 STRAIGHT CRK SILVERTHORNE, CO 80498
Premises	12	0840 STRAIGHT CRK SILVERTHORNE, CO 80498
Premises	13	0890 STRAIGHT CRK SILVERTHORNE, CO 80498
Premises	14	0940 STRAIGHT CRK SILVERTHORNE, CO 80498
Premises	15	0990 STRAIGHT CRK SILVERTHORNE, CO 80498

Section I Property Coverage

Limit Of Insurance

Covered Causes of Loss: Special-Risk Of Direct Physical Loss

Employee Dishonesty \$10,000

The Statement of Values - Blanket Coverages BP8613 must be completed and submitted to American Family within 15 days for Blanket Coverages to continue past the renewal date.

Please contact your agent to help you complete this form.

Description Of Premises

Premises No. 1
Location 0290 STRAIGHT CRK
SILVERTHORNE, CO 80498
Condominium Building - Residential without Mercantile

Number Of Units 12
Building Interest Leased to Others
Construction Masonry Veneer

Buildings, Auxiliary Buildings/Structures, Business Personal Property and Auxiliary Buildings Business Personal Property may have been increased by inflation protection.

Building - Blanket Replacement Cost \$174,243
Auxiliary Buildings/Structures - Blanket Replacement Cost \$6,223

Business Personal Property - Blanket Replacement Cost \$21,200

Description Of Premises

Premises No. 2
Location 0340 STRAIGHT CRK
SILVERTHORNE, CO 80498
Condominium Building - Residential without Mercantile

Number Of Units 14
Building Interest Leased to Others
Construction Masonry Veneer

