

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

COMMON DECLARATIONS

POLICY NUMBER
05 XY5025-09

COMPANY CODE
0022-BLBK-CO

CUSTOMER BILLING ACCOUNT
020-408-531 13

NAMED INSURED THE WINFIELD CONDOMINIUM ASSOCIATION INC
MAILING 600 E HOPKINS AVE STE 203
ADDRESS ASPEN CO 81611-2933

POLICY PERIOD FROM 05/15/2022 TO 05/15/2023
12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS: CORPORATION
BUSINESS DESCRIPTION: CONDO 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.

CRIME AND FIDELITY COVERAGE PART	PREMIUM
	\$199.00
TOTAL PREMIUM	\$199.00

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AUTHORIZED REPRESENTATIVE

William B. Westra
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT



AGENT 041-307
THE BEN KELLOFF AGENCY, INC
350 HIGHWAY 133 # 1
CARBONDALE CO 81623-1650

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

CRIME AND FIDELITY COVERAGE PART
DECLARATIONS

POLICY NUMBER
05 XY5025-09

COMPANY CODE
0022-BLBK-CO

NAMED INSURED THE WINFIELD CONDOMINIUM ASSOCIATION INC
MAILING ADDRESS 600 E HOPKINS AVE STE 203
ASPEN CO 81611-2933

COVERAGE, LIMITS OF INSURANCE AND DEDUCTIBLE

PLAN 1 COMMERCIAL CRIME - SEPARATE LIMITS OPTION

COVERAGE FORMS FORMING PART OF THIS COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	PREMIUM
EMPLOYEE THEFT (BLANKET)	\$50,000	\$1,000	\$169.00
FORGERY OR ALTERATION	\$50,000	\$1,000	\$30.00
TOTAL ADVANCE PREMIUM		\$199.00	

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

IL00171198	IL02280907	IL75261205	IL09350702	CR00210506
CR07510808	CR01601104	CR03041113	CR25020506	

CANCELLATION OF PRIOR INSURANCE

By acceptance of this Policy you give us notice canceling prior policy or bond numbers:

NONE
NONE

The cancellation to be effective at the time this Coverage Part becomes effective.

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AUTHORIZED REPRESENTATIVE

William B. Vestuto
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

AGENT 041-307
THE BEN KELLOFF AGENCY, INC
350 HIGHWAY 133 # 1
CARBONDALE CO 81623-1650
CR AF 01 08 18

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INSURED

Stock No. 07145

POLICY NUMBER: 05 XY5025-09

CRIME AND FIDELITY
CR 25 02 05 06

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
INCLUDE DESIGNATED AGENTS AS EMPLOYEES**

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY

and applies to the Employee Theft Insuring Agreement:

SCHEDULE	
Capacity Of Agent	Limit Of Insurance
ASPEN RESORT ACCOMODATIONS	\$50,000
<p>Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.</p>	

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1. The definition of "Employee" is amended to include each natural person, partnership or corporation you appoint in writing to act as your agent in the capacity shown in the Schedule while acting on your behalf or while in possession of covered property. These natural persons, partnerships or

corporations are not covered for faithful performance of duty, even in the event that this insurance may have been amended by endorsement to provide such coverage on other "employees". Only coverage for "theft" applies to the agents scheduled above.