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

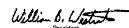
PREMIUM

\$199.00

TOTAL PREMIUM

\$199.00

AUTHORIZED REPRESENTATIVE





COUNTERSIGNED LICENSED RESIDENT AGENT



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

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02-12

ENTRY DATE 02/16/2022

001 CFR

AMERICAN FAMILY MUTUAL INSURANCE COMPANY, S.I.

MADISON, WISCONSIN 53783-0001

POLICY NUMBER 05 XY5025-09

CRIME AND FIDELITY COVERAGE PART **DECLARATIONS**

COMPANY CODE 0022-BLBK-CO

NAMED

THE WINFIELD CONDOMINIUM ASSOCIATION INC INSURED

MAILING

600 E HOPKINS AVE STE 203

ADDRESS

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

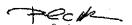
NONE

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



REPRESENTATIVE





COUNTERSIGNED LICENSED RESIDENT AGENT

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

PAGE 01 **BRANCH CFR** ENTRY DATE 02/16/2022

02 - 12

INSURED

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 O ASPEN R	_	ACCOMODATIONS			Limit Of Insurance \$50,000
		•	•		
•			•	•	
			•		

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

 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.

