

**BUSINESSOWNERS POLICY  
CONDOMINIUM CERTIFICATE OF INSURANCE**

American Family Mutual Insurance Company  
American Family Insurance Company  
6000 American Pkwy Madison, WI 53783-0001

Agent's Name, Address

**This Certificate of Insurance is issued as a matter of information only and confers no rights upon the Certificate Holder.**

**This Certificate of Insurance does not amend, extend or alter the coverage afforded by the policy listed below.**

**This Certificate does not constitute a contract between the issuing insurer, authorized representative and the certificate holder.**

**INSURED**

CONDOMINIUM ASSOCIATION'S NAME AND ADDRESS

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)

★ **PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ \_\_\_\_\_ Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) _____	<input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ _____
Business Personal Property _____	Replacement Cost	\$ _____

★ **BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	\$50,000
Damage To Premises Rented To You	
Medical Expenses - Any One Person	
Aggregate Limit (Other Than Products Completed Operations)	
Products - Completed Operations Aggregate Limit	

Consult the Condominium Association's policy for insurance afforded Unit Owners.

**CERTIFICATE HOLDER(S)**      Effective Date \_\_\_\_\_       New Ownership/Occupancy       Change Ownership/Occupancy

UNIT OWNER'S NAME AND ADDRESS OR UNIT DESIGNATION NO.

UNIT OWNER'S MORTGAGEE NAME AND ADDRESS

LOAN NO.

UNIT OWNER'S CONTRACT OF SALES NAME AND ADDRESS

LOAN NO.

DATE ISSUED	AUTHORIZED REPRESENTATIVE
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