

AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN 53783-0001

COMMON DECLARATIONS

POLICY NUMBER
13 X61930-01

COMPANY CODE
0011-BLBK-IN

CUSTOMER BILLING ACCOUNT
016-489-748 64

NAMED INSURED
MAILING ADDRESS
ROUNDEBUSH FARMS PROPERTY OWNERS ASSOCIATION INC
PO BOX 2002
NOBLESVILLE IN 46061-2002

POLICY PERIOD FROM 02/17/2011 TO 02/17/2012
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	\$799.00
COMMERCIAL PROPERTY COVERAGE PART	\$293.00
TOTAL PREMIUM	\$1,092.00

AUTHORIZED
REPRESENTATIVE


President


Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

AGENT 169-556
LARRY M ECKERT
15542 HERRIMAN BLVD
NOBLESVILLE IN 46060-4217
AF DS 00 04 06

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INSURED

Stock No. 05975

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

POLICY NUMBER
 13 X61930-01

COMPANY CODE
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NAMED INSURED ROUNDEBUSH FARMS PROPERTY OWNERS ASSOCIATION INC
MAILING ADDRESS PO BOX 2002
 NOBLESVILLE IN 46061-2002

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** 002
 11075 GODFREY DR
 NOBLESVILLE HAMILTON COUNTY IN 46060-6113

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	178	2.003		\$357.00	
		(007)	(A)			
45523	LAKES OR RESERVOIRS-EXISTENCE HAZARD ONLY - OTHER THAN NOT-FOR-PROFIT PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	2	121.338		\$243.00	
		(037)	(A)			
46671	PARKS OR PLAYGROUNDS PRODUCTS-COMPLETED OPERATIONS ARE SUBJECT TO THE GENERAL AGGREGATE LIMIT	1	198.915		\$199.00	
		(047)	(A)			

A=EACH ONE
 037=LAKES OR RESERVOIRS

007=UNITS
 047=PARKS OR PLAYGROUNDS

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COMMERCIAL GENERAL LIABILITY COVERAGE PART
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POLICY NUMBER
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TOTAL ADVANCE PREMIUM

\$799.00

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

CG 21 75 06 08	CG 77 02 06 88	IL 00 21 07 02	IL 01 58 03 00	CG 00 01 12 07
CG 21 47 12 07	IL 02 72 09 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	IL 09 85 01 08	CG 77 04 07 10

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IN 46060-4217

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Stock No. 05981

COMMERCIAL GENERAL LIABILITY
CG 77 04 07 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
LEAD LIABILITY EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

"We" do not pay for:

1. actual or alleged "bodily injury" arising out of the ingestion, inhalation or absorption of lead in any form;
2. actual or alleged "property damage" arising out of the presence of lead in any form. "Property damage" also includes any claim for the reduction in the value of real estate or personal property due to its contamination with lead in any form.
3. actual or alleged "personal and advertising injury", if provided by Coverage B. Personal and Advertising Injury Liability, arising out of the presence of lead in any form.
4. any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize or in any way respond to or assess the effects of lead.
5. any loss, cost or expense arising out of any claim or suit by or on behalf of any governmental authority or any other responsible party or entity for damages resulting from testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing or in any way responding to lead or assessing the presence or effects of lead.
6. Any supervision, instructions, recommendations, warnings or advice given or which should have been given in connection with any of the above.
7. Any obligation to share damages to repay someone in connection with any of the above.

All other terms remain unchanged.

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COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS

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NAMED INSURED ROUNDEBUSH FARMS PROPERTY OWNERS ASSOCIATION INC
MAILING ADDRESS PO BOX 2002
NOBLESVILLE IN 46061-2002

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. 002
LOCATION 11075 GODFREY DR
NOBLESVILLE HAMILTON COUNTY IN 46060-6113

OCCUPANCY ENTRANCE SIGN
CONSTRUCTION NOT APPLICABLE

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$25,100

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$1,000	80%	\$48.00

DESCRIPTION OF PREMISES

PREMISES NO. 0001 BUILDING NO. 003
LOCATION 11075 GODFREY DR
NOBLESVILLE HAMILTON COUNTY IN 46060-6113

OCCUPANCY STREET LIGHTS
CONSTRUCTION NOT APPLICABLE

COVERAGE BUILDING (RC)

LIMIT OF INSURANCE \$28,100

COVERED CAUSE OF LOSS	DEDUCTIBLE	COINSURANCE	PREMIUM
SPECIAL FORM	\$1,000	80%	\$95.00

Your building Limit of Insurance may have increased, refer to Inflation Protection Endorsement CP 81 01.

INDEX = 318.0

(RC) = REPLACEMENT COST

APPLICABLE ENDORSEMENT CHARGES \$150.00

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AMERICAN FAMILY MUTUAL INSURANCE COMPANY
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COMMERCIAL PROPERTY COVERAGE PART
DECLARATIONS

POLICY NUMBER
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COMPANY CODE
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TOTAL ADVANCE PREMIUM \$293.00

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

CP 81 01 10 00	IL 00 17 11 98	CP 12 70 09 96	IL 02 72 09 07	IL 01 56 07 02
CP 01 52 07 96	IL 01 92 07 02	IL 09 35 07 02	IL 09 85 01 08	CP 01 40 07 06
CP 00 90 07 88	IL 09 53 01 08	CP 00 10 04 02	CP 10 30 04 02	CP 81 11 08 05

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LICENSED RESIDENT AGENT

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LARRY M ECKERT
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INSURED

Stock No. 05976