

**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  
**Tom Fischer Agency, Inc.**  
7440 N Lindbergh Blvd  
St. Louis, MO 63042

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

**Kapilana Estates Condominium Association Inc. 793 Winn Rd Unit C Osage Beach, MO 65065**

POLICY NUMBER	POLICY EFFECTIVE DATE (Mo., Day, Yr.)	POLICY EXPIRATION DATE (Mo., Day, Yr.)
24-XB8072-15	01/01/13	01/01/14

**★ PROPERTY**

Risks of Direct Physical Loss       Named Perils      \$ 5,000 Property Deductible

PROPERTY COVERED	VALUATION OF COVERED PROPERTY	LIMIT OF INSURANCE
Building(s) <u>Blanket</u>	<input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value	\$ <u>9,500,082.00</u>
Business Personal Property	<input type="checkbox"/> Replacement Cost	\$ _____

**★ BUSINESSOWNERS LIABILITY AND MEDICAL EXPENSES**

COVERAGE	LIMIT OF INSURANCE
Liability And Medical Expenses	<b>\$2,000,000</b>
Damage To Premises Rented To You	\$50,000
Medical Expenses - Any One Person	<b>\$5,000</b>
Aggregate Limit (Other Than Products Completed Operations)	<b>\$4,000,000</b>
Products - Completed Operations Aggregate Limit	<b>\$4,000,000</b>

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

**74 total units**

**CERTIFICATE HOLDER(S)**      Effective Date 01/01/13       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.

MISCELLANEOUS

DATE ISSUED

**01/01/13**

AUTHORIZED REPRESENTATIVE

