

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES**

| | | | | |
|--|------------------------------|---------------|--------------------------|--------------------------|
| POLICY NUMBER 24XB807212 ISSUED TO KAPILANA ESTATES CONDO ASSOC INC | EFFECTIVE DATE 01-01-2011 | ADD'L PREMIUM | RETURN PREMIUM | POLICY CHANGE NO. 001 |
| AGENT 235-164 TOM FISCHER AGENCY, INC. | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |

The following item(s):

- | | |
|---|--|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

BUSINESSOWNERS POLICY

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 8 BUILDING NO. 1
 5079 AQUA DR BLDG 2
 OSAGE BEACH, MO 65065-3459

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES

PREMISES NO. 8 BUILDING NO. 1
 5079 AQUA DR BLDG 2
 OSAGE BEACH, MO 65065-3459

All other terms remain unchanged.

Page 01 of 01

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED
REPRESENTATIVE

Jack Selover
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

[Signature]

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES**

| | | | | |
|----------------------------------|----------------|---------------|--------------------------|-------------------|
| POLICY NUMBER | EFFECTIVE DATE | ADD'L PREMIUM | RETURN PREMIUM | POLICY CHANGE NO. |
| 24XB807212 | 03-24-2011 | | \$720.00 | 002 |
| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

BUSINESSOWNERS POLICY

PREMIUM CHANGE SUMMARY

| | | |
|--|----------|-------------|
| | MID-TERM | ANNUAL |
| | PREMIUM | PREMIUM FOR |
| | CHANGE | CHANGE ONLY |

| | | |
|----------------------------|--------|----------|
| BLANKET INSURANCE APPLIES | \$720- | \$28,912 |
| PREM 1 783 WINN RD | | |
| OSAGE BEACH,MO 65065 | | |
| PREM 2 821 WINN RD | | |
| OSAGE BEACH,MO 65065-3297 | | |
| PREM 3 793 WINN RD | | |
| OSAGE BEACH,MO 65065-3267 | | |
| PREM 4 5079 AQUA DR | | |
| OSAGE BEACH,MO 65065-3459 | | |
| PREM 5 803 WINN RD | | |
| OSAGE BEACH,MO 65065 | | |
| PREM 6 775 WINN RD | | |
| OSAGE BEACH,MO 65065-3490 | | |
| PREM 7 831 WINN RD | | |
| OSAGE BEACH,MO 65065-3298 | | |
| PREM 8 5079 AQUA DR BLDG 2 | | |
| OSAGE BEACH,MO 65065-3459 | | |

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED REPRESENTATIVE

Jack Sabourin
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

[Signature]

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| 24XB807212 | 03-24-2011 | | \$720.00 | 002 |
| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | CUSTOMER BILLING ACCOUNT | | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

THE CERTIFIED ACTS OF TERRORISM PORTION
OF THE PREMIUM CHANGE IS \$13

THE FOLLOWING CHANGES APPLY TO ALL PREMISES:

COVERAGE LIMIT OF INSURANCE

THE FOLLOWING IS CHANGED TO:
AUXILIARY BUILDINGS/STRUCTURES - BLANKET \$698,820

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 1 BUILDING NO. 1
783 WINN RD
OSAGE BEACH, MO 65065

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES

PREMISES NO. 1 BUILDING NO. 1
783 WINN RD
OSAGE BEACH, MO 65065
NUMBER OF UNITS 6

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED
REPRESENTATIVE

Jack Sabourin
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

[Signature]

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES**

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| POLICY NUMBER | EFFECTIVE DATE | ADD'L PREMIUM | RETURN PREMIUM | POLICY CHANGE NO. |
| 24XB807212 | 03-24-2011 | | \$720.00 | 002 |
| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

PROPERTY FORMS AND ENDORSEMENTS APPLYING TO THIS PREMISE:

BP8511 IS CHANGED AND REPLACED WITH THE ATTACHED

783 WINN RD
OSAGE BEACH, MO 65065

SECTION II LIABILITY AND MEDICAL EXPENSES

THE FOLLOWING IS CHANGED TO :

| | |
|-------------------------------|---------------|
| LOCATION | PREMIUM BASIS |
| PREMISES NO. 1 BUILDING NO. 1 | 6 UNITS |

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 2 BUILDING NO. 1
821 WINN RD
OSAGE BEACH, MO 65065-3297

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES
PREMISES NO. 2 BUILDING NO. 1

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED
REPRESENTATIVE

Jack Sabrowski
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

[Signature]

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES**

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| 24XB807212 | 03-24-2011 | | \$720.00 | 002 |
| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

821 WINN RD
 OSAGE BEACH, MO 65065-3297
 NUMBER OF UNITS 12

821 WINN RD
 OSAGE BEACH, MO 65065-3297

SECTION II LIABILITY AND MEDICAL EXPENSES

THE FOLLOWING IS CHANGED TO :

| | |
|-------------------------------|---------------|
| LOCATION | PREMIUM BASIS |
| PREMISES NO. 2 BUILDING NO. 1 | 12 UNITS |

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 3 BUILDING NO. 1
 793 WINN RD
 OSAGE BEACH, MO 65065-3267

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES
 PREMISES NO. 3 BUILDING NO. 1

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED REPRESENTATIVE

Jack Selover
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

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POLICY CHANGES**

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| 24XB807212 | 03-24-2011 | | \$720.00 | 002 |
| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

793 WINN RD
 OSAGE BEACH, MO 65065-3267
 NUMBER OF UNITS 6

793 WINN RD
 OSAGE BEACH, MO 65065-3267

SECTION II LIABILITY AND MEDICAL EXPENSES

THE FOLLOWING IS CHANGED TO :

| | |
|-------------------------------|---------------|
| LOCATION | PREMIUM BASIS |
| PREMISES NO. 3 BUILDING NO. 1 | 6 UNITS |

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 4 BUILDING NO. 1
 5079 AQUA DR BUILDING 1

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES
 PREMISES NO. 4 BUILDING NO. 1
 5079 AQUA DR BUILDING 1

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED REPRESENTATIVE

Jack Selman
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

[Signature] *[Signature]*

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES**

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| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | CUSTOMER BILLING ACCOUNT | | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
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| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

5079 AQUA DR BUILDING 1

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 5 BUILDING NO. 1
 803 WINN RD
 OSAGE BEACH, MO 65065

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES

PREMISES NO. 5 BUILDING NO. 1
 803 WINN RD
 OSAGE BEACH, MO 65065
 NUMBER OF UNITS 9

803 WINN RD
 OSAGE BEACH, MO 65065

SECTION II LIABILITY AND MEDICAL EXPENSES

THE FOLLOWING IS CHANGED TO :

| | |
|-------------------------------|---------------|
| LOCATION | PREMIUM BASIS |
| PREMISES NO. 5 BUILDING NO. 1 | |

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED REPRESENTATIVE

Jack Salovei
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
POLICY CHANGES**

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| ISSUED TO KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 TOM FISCHER AGENCY, INC. | | CUSTOMER BILLING ACCOUNT | | 012-517-842 04 |

The following item(s):

- | | |
|---|---|
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Classification/Class Codes |
| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

9 UNITS

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 6 BUILDING NO. 1
 775 WINN RD
 OSAGE BEACH, MO 65065-3490

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES

PREMISES NO. 6 BUILDING NO. 1
 775 WINN RD
 OSAGE BEACH, MO 65065-3490
 NUMBER OF UNITS 12

775 WINN RD
 OSAGE BEACH, MO 65065-3490

SECTION II LIABILITY AND MEDICAL EXPENSES

THE FOLLOWING IS CHANGED TO :

| | |
|-------------------------------|---------------|
| LOCATION | PREMIUM BASIS |
| PREMISES NO. 6 BUILDING NO. 1 | |

All other terms remain unchanged.

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED REPRESENTATIVE

Jack Salomone
President

[Signature]
Secretary

COUNTERSIGNED LICENSED RESIDENT AGENT

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POLICY CHANGES**

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| ISSUED TO | | | | |
| KAPILANA ESTATES CONDO ASSOC INC | | | | |
| AGENT 235-164 | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

The following item(s):

- | | |
|---|---|
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| <input checked="" type="checkbox"/> Covered Property/Location Description | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Insured's Mailing Address | <input checked="" type="checkbox"/> Limits/Exposures |
| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

12 UNITS

CHANGES APPLY TO THE FOLLOWING PREMISE:

PREMISE NO. 7 BUILDING NO. 1
831 WINN RD
OSAGE BEACH, MO 65065-3298

SECTION I PROPERTY

THE FOLLOWING IS CHANGED TO:

DESCRIPTION OF PREMISES

PREMISES NO. 7 BUILDING NO. 1
831 WINN RD
OSAGE BEACH, MO 65065-3298
NUMBER OF UNITS 18

831 WINN RD
OSAGE BEACH, MO 65065-3298

SECTION II LIABILITY AND MEDICAL EXPENSES

THE FOLLOWING IS CHANGED TO :

| | |
|-------------------------------|---------------|
| LOCATION | PREMIUM BASIS |
| PREMISES NO. 7 BUILDING NO. 1 | |

All other terms remain unchanged.

Page 08 of 09

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED
REPRESENTATIVE

Jack S. ...
President

...
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
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| AGENT 235-164 | | | CUSTOMER BILLING ACCOUNT | 012-517-842 04 |
| TOM FISCHER AGENCY, INC. | | | | |

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| <input type="checkbox"/> Insured's Legal Status/Business of Insured | <input checked="" type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Underlying Insurance | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Policy Number | |

is (are) changed as follows:

18 UNITS

All other terms remain unchanged.

Page 09 of 09

**AMERICAN FAMILY MUTUAL INSURANCE COMPANY
MADISON, WISCONSIN**

AUTHORIZED
REPRESENTATIVE

Jack Selman
President

[Signature]
Secretary

COUNTERSIGNED
LICENSED RESIDENT AGENT

POLICY NUMBER: 24XB807212

BUSINESSOWNERS
BP 85 11 12 08**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
BUILDING AND BUSINESS PERSONAL PROPERTY CHANGES**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE*

| Premises No. | Building No. | Auxiliary Building/Structure Description | Auxiliary Building/Structure Limit | Auxiliary Buildings Business Personal Property Limit |
|---------------------|---------------------|---|---|---|
| 1 | 1 | DOCK1 83668 | \$698,820 | |
| | | DOCK2 50051 | | |
| | | DOCK3 52720 | | |
| | | DOCK4 43755 | | |
| | | DOCK5 79719 | | |
| | | DOCK6 80040 | | |
| | | DOCK7 74273 | | |
| | | DOCK8 138735 | | |
| | | WELL HOUSE AND TANK 22839. | | |
| | | POOL 73000 | | |

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

Section I - Property is amended as follows:

A. Paragraph A.1. Covered Property is replaced with the following:

Covered Property includes Building as described under Paragraph **a.** below, Business Personal Property as described under Paragraph **b.** below, Auxiliary Buildings/Structures as described under Paragraph **c.** below, Auxiliary Buildings Business Personal Property as described under Paragraph **d.** below, or all four, depending on whether a Limit of Insurance is shown in the Declarations for that type of property. Regardless of whether coverage is shown in the Declarations for Buildings, Business Personal Property, Auxiliary Buildings/Structures, Auxiliary Buildings Business Personal Property, or all four, there is no coverage for property described under Paragraph **A.2. Property Not Covered.**

- a.** Building, means the described building shown in the Declarations, including:
 - (1) Completed additions;
 - (2) Fixtures, including outdoor fixtures;
 - (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
 - (4) Your personal property in apartments, rooms or common areas furnished by you as landlord;
 - (5) Personal property owned by you that is used to maintain or service the described building or the premises, including:
 - (a) Fire extinguishing equipment;
 - (b) Outdoor furniture;
 - (c) Floor coverings; and
 - (d) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (6) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the described building;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the described premises, used for making additions, alterations or repairs to the described building.
- b.** Business Personal Property located in or on the described building at the premises shown in the Declarations or in the open (or in a vehicle) within 100 feet of the described premises, including:
 - (1) Property you own that is used in your business;
 - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3) Tenant's improvements and betterments. Improvements and betterments are fixtures, alterations, installations or additions:

- (a) Made a part of the described building you occupy but do not own; and
 - (b) You acquired or made at your expense but cannot legally remove;
 - (4) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**; and
 - (5) Exterior building glass, if you are a tenant and no Limit of Insurance is shown in the Declarations for Building property. The glass must be owned by you or in your care, custody or control.
- c.** Auxiliary Buildings/Structures, meaning the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Completed additions;
 - (2) Fixtures;
 - (3) Permanently installed:
 - (a) Machinery; and
 - (b) Equipment;
 - (4) Personal property owned by you that is used to maintain or service the auxiliary buildings/structures, including:
 - (a) Fire extinguishing equipment;
 - (b) Floor coverings; and
 - (c) Appliances used for refrigerating, ventilating, cooking, dishwashing or laundering;
 - (5) If not covered by other insurance:
 - (a) Additions under construction, alterations and repairs to the auxiliary buildings/structures;
 - (b) Materials, equipment, supplies and temporary structures, on or within 100 feet of the auxiliary buildings/structures, used for making additions, alterations or repairs to the auxiliary buildings/structures.
- d.** Auxiliary Buildings Business Personal Property located in or on the auxiliary buildings/structures described in the above Schedule located at the premises shown in the Declarations, including:
- (1) Property you own that is used in your business;
 - (2) Property of others that is in your care, custody or control, except as otherwise provided in Loss Payment Property Loss Condition **E.5.d.(3)(b)**;
 - (3) Leased personal property for which you have a contractual responsibility to insure, unless otherwise provided for under Paragraph **1.b.(2)**.
- B.** The following is added to **E.3.**, Property Loss Conditions – Duties in the Event of Loss or Damage:
- (10) Keep records of your property in such a way that we can accurately determine the amount of any loss.