



AMERICAN FAMILY INSURANCE COMPANY  
29713 TROUTDALE SCENIC DR # C  
EVERGREEN CO 80439-7747

**AmFam.com**

1-800-MY AMFAM® (692-6326)

April 15, 2021

BENJAMIN HEAD  
KRISTIN HEAD  
2778 KEYSTONE DR  
EVERGREEN CO 80439-9428

*Regarding your Homeowners Policy for your property at:  
2778 Keystone Dr Evergreen CO 80439-9428*

## **A change has been made to your policy**

For a full explanation of your coverage, please review your policy and endorsements

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**Policy number**  
41063-40805-79

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Thank you for choosing American Family Insurance. We truly value you as our customer.

We have made a change to your Homeowners Policy. Enclosed you'll find a Policy Change document which summarizes the changes made to your policy. Please read it carefully and keep it with your policy.

This is not a bill. If a refund or additional payment is due because of this change, you will soon receive a separate notice.

If you have questions about this notice or the changes made to your policy, please contact your agent listed below or call us at 1-800-MY AMFAM (1-800-692-6326).

*AMERICAN FAMILY INSURANCE COMPANY*

### **Your American Family Agent is:**

Caldwell Insurance Agency, Inc.

29713 TROUTDALE SCENIC DR # C  
Evergreen CO 80439-7747  
303-670-2780

bcaldwe1@amfam.com

## Policy Change Homeowners Policy



Benjamin Head  
Kristin Head  
2778 Keystone Dr  
Evergreen CO 80439-9428

American Family Insurance Company  
6000 American Parkway  
Madison WI 53783  
For customer service and claims service  
24 hours a day, 7 days a week  
**1-800-MY AMFAM (1-800-692-6326)**  
**amfam.com**

**A Policy Change provides a summary of a change to the policy that occurs during the policy period. This Policy Change is effective the date shown and forms a part of this policy.**

### Policy Information

Policy number	Policy period	Billing account number
41063-40805-79	1/8/2021 to 1/8/2022	688-458-420-74

**Change(s) made to your policy effective: 4/15/2021 at 12:01 a.m.**

#### Description of change

Endorsement added: Scheduled Structures Away From The Residence Premises Coverage (HO 04 92),  
\$10,000 Total

**Total premium adjustment: \$30.25**

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AUTHORIZED  
REPRESENTATIVE

*William B. Vestuto*  
President

*REC*  
Secretary

## SCHEDULED STRUCTURES AWAY FROM THE RESIDENCE PREMISES COVERAGE

The terms of the policy apply except as changed by this **endorsement**.

### SCHEDULE

Description	Length	Width/Height	Location	Limit
Concrete Retaining Walls/Drive	100	15		\$10,000
Total <b>Limit</b>				\$10,000
Information required to complete this Schedule, if not shown above, will be shown in the <b>Declarations</b> .				

With respect only to the coverage this **endorsement** provides, changes are made to the following:

### SECTION I - ADDITIONAL COVERAGE

The following Additional Coverage is added:

Scheduled **Structures** Away From The **Residence Premises**.

- a. **We** cover sudden and accidental direct physical loss to a **structure** described in the Schedule above unless **we** exclude the loss in this policy. **We** will not pay more than the **limit** shown in the Schedule above for such **structure**. Such **structure** must be owned by **you** and located away from the **residence premises**.
- b. **We** do not cover any **structure**:
  - (1) rented or held for rental;
  - (2) from which any **business** is conducted; or
  - (3) used as a dwelling or capable of being used as a dwelling.

**We** do not cover land, including land on which any **structure** is located.

This Coverage is additional insurance.

Theft Of Property Within Any Building Shown In The Schedule Above.

**We** will pay up to the **limit** of \$5,000 for Theft under Coverage C - Personal Property when such property is inside a fully enclosed and locked **structure** shown in the Schedule above.

### SECTION I - HOW **WE** SETTLE LOSSES

The following is added:

Loss Settlement For Scheduled **Structures** Away From The **Residence Premises**:

**We** will pay the cost to repair or replace the damaged or stolen part of the property insured under this **endorsement** subject to the following:

- a. **We** will pay the lesser of:
  - (1) the **actual cash value**; or
  - (2) the **limit** shown in the Schedule above.
- b. **We** will not pay any cost to repair or replace property due to requirements of any ordinance or law unless specifically provided for by an **endorsement** to this policy.
- c. **We** will not pay for any damage caused by hail to any metal siding surface unless the metal siding will no longer prevent water from entering the building.
- d. **We** will not pay for any damage caused by hail to any metal roofing surface unless the metal roofing surface will no longer prevent water from entering the building.
- e. **We** will not pay for any damage caused by hail to any metal vent, flashing, drip edge, ridge, valley, accessory, or trim unless such metal component:
  - (1) will no longer:
    - (a) prevent water from entering the building; or
    - (b) perform any other intended function; or

(2) is attached to a roof plane that has had its roofing surface damaged by hail to the extent that the roofing surface must be replaced.

However, loss settlement described above in c. through e. does not apply when **we** determine that the scheduled **structure** shown in the Schedule above is a total loss.

All other terms remain unchanged.