

**EVIDENCE OF PROPERTY INSURANCE**

American Family Insurance Company   
 American Family Mutual Insurance Company if selection box is not checked.  
 6000 American Pky Madison, Wisconsin 53783-0001

Agent's Name, Address and Phone Number (Agt./Dist.)

Bratt W. Charbonneau Agency, LLC (775) 833-1189  
 797 Southwood Blvd, Suite 10  
 Incline Village, NV 89451-9490 (023/601)

**THIS IS EVIDENCE THAT THE COMPANY INDICATED HAS THE FOLLOWING INSURANCE IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.**

Insured's Name and Address:

Fallen Leaf Homeowners Association  
 C/O Gaston Wilkerson Assoc Services  
 100 Washington Street, Suite 200  
 Reno, NV 89503

Policy Number 27-X16762-05-00
Effective Date (MM/DD/YYYY) 4/13/2009
Expiration Date (MM/DD/YYYY) UNTIL CANCELLED *

PROPERTY INFORMATION	
PROPERTY LOCATION 17000 Wedge Parkway Reno, NV 89511	PROPERTY DESCRIPTION (For Business Insurance Only, indicate # of Stories, Construction, Use or Occupancy, Equipment Description/Serial #) Condo HOA- 35 BLDGS, 245 UNITS, CLUB HOUSE & POOL

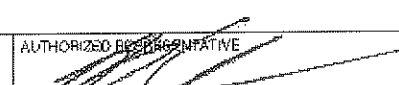
COVERAGES					
Personal Lines - Property		Farm/Ranch Lines		Business Insurance	
Policy Type		Policy Type		Policy Type	Form
<input type="checkbox"/> HO 1	<input type="checkbox"/> GS	<input type="checkbox"/> MH 1	<input type="checkbox"/> BO	<input checked="" type="checkbox"/> Businessowners	<input type="checkbox"/> Named Peril
<input type="checkbox"/> HO 2	<input type="checkbox"/> HO 8	<input type="checkbox"/> MH 3		<input type="checkbox"/> Business Key	<input type="checkbox"/> Basic
<input type="checkbox"/> HO 3	<input type="checkbox"/> CV 1	<input type="checkbox"/> DP 01		<input type="checkbox"/> Property	<input type="checkbox"/> Broad
<input type="checkbox"/> HO 4	<input type="checkbox"/> CV 3	<input type="checkbox"/> DP 02		<input type="checkbox"/> Inland Marine	<input type="checkbox"/> Special
Amount of Insurance		Amount of Insurance		Amount of Insurance	
Cov. A Dwelling	\$ _____	Cov. A Dwelling	\$ _____	Building	\$ 45,093,125
Cov. B Pers. Property	\$ _____	Cov. B Pers. Property	\$ _____	Bus. Pers. Property	\$ 200,000
Cov. B Other Struct. (Fire & E.C.)	\$ _____	Sec. III Pers. Prop. Blanket	\$ _____	Other	\$ _____
Cov. C Pers. Prop. (Fire & E.C.)	\$ _____	Sec. III Schedule	\$ _____		
Boatowners - Sect. I	\$ _____	Sec. IV Outbldgs.	\$ _____		
Other	\$ _____	Other	\$ _____		
Deductible	\$ _____	Deductible Sec. I	\$ _____	Deductible-Bldg.	\$ 10,000
		Deductible Sec. III	\$ _____	Deductible-Bus. Pers. Prop.	\$ _____
		Deductible Sec. IV	\$ _____	Deductible	\$ _____

**REMARKS (Including Special Conditions/Endorsements)**

Liability \$2,000,000/\$4,000,000  
 Umbrella \$3,000,000  
 Directors & Officers Liability \$5,000,000 Crime/Employee Dishonesty \$1,000,000

**EFFECTIVE DATE/RENEWAL OF COVERAGE/CANCELLATION**

**EFFECTIVE DATE** - Date additional interest is added.  
**RENEWAL OF COVERAGE / CANCELLATION** - This policy may be continued for successive policy periods by payment of the required premium on or before the effective date of each renewal period. If this policy is terminated, the company will give the additional interest identified below written notice. The delivery of this notice shall be subject to the laws of the state where this policy is issued. We will provide the insurance described in this policy in return for your premium payment and compliance with policy provisions.  
 \*The Expiration Date is changed to read "UNTIL CANCELLED".

ADDITIONAL INTEREST NAME AND ADDRESS	NATURE OF INTEREST
Gaston Wilkerson Assoc. Services 100 Washington Street, Suite 200 Reno, NV 89503	<input type="checkbox"/> Mortgagee <input type="checkbox"/> Loss Payee <input type="checkbox"/> _____
	Loan Number _____
	DATE ISSUED: 5/5/2009
	AUTHORIZED REPRESENTATIVE: 

**TO AGENT:** It is very important that you mail a copy to American Family on the day issued, along with the application.