

CERTIFICATE OF LIABILITY INSURANCE

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

Insured's Name and Address

Gaston & Wilkerson Management Group
 Mountain Meadows HOA
 100 Washington St. Ste 200
 Reno, NV 89503

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

Keith Balsiger (775) 826-1659
 PO Box 34690
 9570 S McCarran Blvd. Ste 105
 Reno, NV 89533 (028/601)

**This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.**

COVERAGES				
This is to certify that policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo. Day, Yr)	EXPIRATION (Mo. Day, Yr)	
Homeowners/ Moblihomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000 Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory ***** Each Accident \$,000 Disease - Each Employee \$,000 Disease - Policy Limit \$,000
<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$,000 Products - Completed Operations Aggregate \$,000 Personal and Advertising Injury \$,000 Each Occurrence \$,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$,000
Businessowners Liability	27-XY1248-02-00	9/14/2009	9/14/2010	Each Occurrence †† \$ 2,000,000 Aggregate †† \$ 4,000,000
Liquor Liability				Common Cause Limit \$,000 Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000 Bodily Injury - Each Accident \$,000 Property Damage \$,000 Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input checked="" type="checkbox"/> Commercial Liability Umbrella	27-XY1248-06-00	9/14/2009	9/14/2010	Each Occurrence/Aggregate \$ 1,000,000

Other (Miscellaneous Coverages)
 Hired & Non-Owned Auto 27-XY1248-02 9/14/09-9/14/10 \$2,000,000.....Non-Profit Directors & Officers 27-XY1248-04 9/14/09-9/14/10 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 Building Coverage 27-XY1248-02 9/14/09-9/14/10 \$15,520,625 Ded \$5,000
 Crime/Forgery Coverage 27-XY1248-03 9/14/09-9/14/10 \$200,000

† The individual or partners shown as insured Have Have not elected to be covered as employees under this policy.
 †† Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS

- Also listed as Additional Insured:

 Gaston & Wilkerson Management Group
 100 Washington St. Ste 200
 Reno, NV 89503

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail () days written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown.
 This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.

DATE ISSUED 10/05/2009	AUTHORIZED REPRESENTATIVE <i>Mark Sweeney</i>
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