STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-20-2776-FC06 F V

002243 3123 SUMMIT VIEW RIDGE C/O HERITAGE PROPERTY MANAGEMENT 2650 NORTH AVE UNIT 116 GRAND JCT CO 81501-6404

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ST-0104-0000

Residential Community Association Policy

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Entity: HOA

RE

Reason for Declarations: Your policy is amended SEP 27 2023 INSURED NAME AND/OR ADDRESS CHANGE

Endorsement Premium

None

Discounts Applied: Renewal Year Claim Record

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DECLARATIONS AMENDED SEP 27 2023

Policy Number 96-G5-8149-1

Policy Period Effective Date Expiration Date 12 Months SEP 13 2023 SEP 13 2024 The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address BRUMELLE INSURANCE AGENCY INC 2910 I 70 BUSINESS LOOP GRAND JCT CO 81504-8613

PHONE: (970) 523-9700

Residential Community Association Policy for SUMMIT VIEW RIDGE Policy Number 96-G5-8149-1

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	
001	482 RIDGE LN GRAND JCT CO 81504-7176	No Coverage	No Coverage	

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property	
001A	Fence, walls, etc.	\$ 20,700	See Prop Sch	
001B	CONCRETE BOX	\$ 11,000	See Prop Sch	
001C	Fence, walls, etc.	\$ 22,700	See Prop Sch	
001D	Fence, walls, etc.	\$ 2,900	See Prop Sch	

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index:

214.1

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Residential Community Association Policy for SUMMIT VIEW RIDGE Policy Number 96-G5-8149-1



ST-0204-0000

SECTION I - DEDUCTIBLES				
Basic Deductible	\$1,000			
Special Deductibles:				
Money and Securities Equipment Breakdown	\$250 \$1,000	Employee Dishonesty	\$250	

Other deductibles may apply - refer to policy.

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See Schedule." If a coverage does not have a corresponding limit shown below, but has "Included" indicated, please refer to that policy provision for an explanation of that coverage.

COVERAGE	LIMIT OF INSURANCE
Collapse	Included
Damage To Non-Owned Buildings From Theft, Burglary Or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	\$5,000
Fire Extinguisher Systems Recharge Expense	\$5,000
Glass Expenses	Included
Increased Cost Of Construction And Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	\$100,000
Newly Acquired Or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	\$250,000

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Residential Community Association Policy for SUMMIT VIEW RIDGE Policy Number 96-G5-8149-1

Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	
Water Damage, Other Liquids, Powder Or Molten Material Damage	30 Days
material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH COMPLEX

The coverages and corresponding limits shown below apply separately to each complex as described in the policy.

COVERAGE	LIMIT OF
Accounts Receivable	MOONANCE
On Premises Off Premises	\$50,000 \$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Money And Securities (Off Premises)	\$5,000
Money And Securities (On Premises)	
Money Orders And Counterfeit Money	\$10,000
Outdoor Property	\$1,000
	\$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Personal Property Off Premises	\$15,000
Pollutant Clean Up And Removal	
Property Of Others (applies only to those premises provided Coverage B - Business	\$10,000
Personal Property)	\$2,500
Signs	\$3,000
Valuable Papers And Records	φ3,000
On Premises Off Premises	\$10,000 \$5,000

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Residential Community Association Policy for SUMMIT VIEW RIDGE Policy Number 96-G5-8149-1



ST-0304-0000

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

COVERAGE	LIMIT OF INSURANCE
Back-Up of Sewer or Drain	Included
Employee Dishonesty	\$25,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE		
Coverage L - Business Liability	\$500,000		
Coverage M - Medical Expenses (Any One Person)	\$10,000		
Damage To Premises Rented To You	\$300.000		
Directors And Officers Liability	\$500,000		
AGGREGATE LIMITS	LIMIT OF INSURANCE		
Products/Completed Operations Aggregate	\$1,000.000		
General Aggregate	\$1,000,000		
Directors and Officers Aggregate	\$500,000		
Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable			

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Coverage Form and any attached endorsements.

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Residential Community Association Policy for SUMMIT VIEW RIDGE Policy Number 96-G5-8149-1

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

This policy is issued by the State Farm Fire and Casualty Company.

Participating Policy

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

Lynne M. Yanall Secretary

Michael Flipson

President

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STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-20-2776-FC06 F V

Policy Number 96-G5-8149-1

Policy PeriodEffective Date
SEP 13 2023Expiration Date
SEP 13 202412 MonthsSEP 13 2023SEP 13 2024The policy period begins and ends at 12:01 am standard
time at the premises location.an standard



SUMMIT VIEW RIDGE C/O HERITAGE PROPERTY MANAGEMENT 2650 NORTH AVE UNIT 116 GRAND JCT CO 81501-6404

ATTACHING INLAND MARINE

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

Forms, Options, and Endorsements

FE-8739Inland Marine ConditionsFE-8743.1Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	-	IMIT OF NSURANCE	DEDUC AMOU		ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ \$	10,000 10,000	\$	500	Included Included

Prepared SEP 28 2023 FD-6007 — OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY —

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