

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

**DECLARATIONS** AMENDED DEC 20 2024

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-20-0029-FC06 F V

O02584 3123 SPRINGRIDGE RESERVE C/O PROPERTY PROFESSIONALS 1430 RAILROAD AVE STE A RIFLE CO 81650-3334

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Policy Number

96-BD-H807-0

Policy Period 12 Months Effective Date JUN 16 2024 Expiration Date JUN 16 2025

The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address
MIKE STURHAN CLU, CHFC
1199 VILLAGE RD STE 204
CARBONDALE CO 81623-1507

PHONE: (970) 704-5008

ST-0102-0900

## **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: ASSOCIATION/COOPERATIVE

Reason for Declarations: Your policy is amended DEC 20 2024

INSURED NAME AND/OR ADDRESS CHANGE

**Endorsement Premium** 

None

Discounts Applied: Renewal Year Claim Record

Prepared JAN 16 2025 CMP-4000

017292 290

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#### **DECLARATIONS (CONTINUED)**

Residential Community Association Policy for SPRINGRIDGE RESERVE Policy Number 96-BD-H807-0

## This Policy does not provide any SECTION I - PROPERTY coverage

## SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises	y.
001	COUNTY RD 125 GLENWOOD SPGS CO 81601	

#### SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
Directors and Officers Aggregate	\$2,000,000

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.



#### **DECLARATIONS (CONTINUED)**

Residential Community Association Policy for SPRINGRIDGE RESERVE Policy Number 96-BD-H807-0



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

CMP-4100 Businessowners Coverage Form CMP-4206.2 Amendatory Endorsement FE-6999.3 Terrorism Insurance Cov Notice CMP-4550 Residential Community Assoc CMP-4746,1 Hired Auto Liability CMP-4860 Al Design Person Org CMP-4815 Directors/Officers Endorsement FE-3650 Actual Cash Value Endorsement CMP-4561.4 Policy Endorsement CMP-4787 Waiver of Trans Rgt of Recov

### SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II

Endorsement #: CMP4860

Loan Number: N/A

ENGLISH, ANN & JERRY 1351 HIDDEN VALLEY DR

GLENWOOD SPGS CO 816018520

Interest Type: Addl Insured-Section II

Endorsement #: CMP4860

Loan Number: N/A

SPRINGRIDGE PLACE HOMEOWNERS

ASSOCIATION

C/O JANET LEE

477 SPRING RIDGE DR

GLENWOOD SPGS CO 81601 

#### **DECLARATIONS (CONTINUED)**

# Residential Community Association Policy for SPRINGRIDGE RESERVE Policy Number 96-BD-H807-0

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.

Mudelle Mancias Secretary

President