

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 M-20-0002-FC06 F W

SUNSET RIDGE HOMEOWNERS
ASSOCIATION
1512 GRAND AVE STE 109
GLENWOOD SPGS CO 81601-3853

RENEWAL DECLARATIONS

Policy Number	96-E4-G788-0	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 20 2024	DEC 20 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
CLOUD INS AND FIN SVCS INC
227 CODY LN UNIT 201
BASALT CO 81621-7601

PHONE: (970) 927-0419

Apartment 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: Corporation

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM	\$ 19,677.00	Claim Record
Disaster Mitigation	\$ 2.00	
Total Amount	\$ 19,679.00	

Discounts Applied:
Years in Business
Multiple Unit
Sprinkler

Prepared
OCT 22 2024
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Apartment Policy for SUNSET RIDGE HOMEOWNERS
Policy Number 96-E4-G788-0

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	1101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-252	\$ 1,612,400	\$ 35,000
002	2101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-250	\$ 1,591,700	\$ 35,000
003	3101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-251	\$ 1,591,700	\$ 35,000
004	4101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-252	\$ 1,591,700	\$ 35,000
005	5101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-251	\$ 1,591,700	\$ 35,000
006	6101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-251	\$ 2,186,600	\$ 35,000
007	7101 SUNSET RIDGE CT GLENWOOD SPRINGS CO 81601-251	\$ 2,186,600	\$ 35,000

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

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RENEWAL DECLARATIONS (CONTINUED)

Apartment Policy for SUNSET RIDGE HOMEOWNERS
Policy Number 96-E4-G788-0

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 286.9

SECTION I - DEDUCTIBLES

Basic Deductible \$15,000

Special Deductibles:

Wind/Hail	2%	Data Compromise	\$1,000
Employee Dishonesty	\$250	Equipment Breakdown	\$2,500
Lock Replacement	\$100		

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

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RENEWAL DECLARATIONS (CONTINUED)

Apartment Policy for **SUNSET RIDGE HOMEOWNERS**
Policy Number **96-E4-G788-0**

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
Ordinance Or Law - Equipment Coverage	Included
Preservation Of Property	30 Days
Water Damage, Other Liquids, Powder Or Molten 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 INSURANCE
Accounts Receivable	
On Premises	\$50,000
Off Premises	\$15,000
Arson Reward	\$5,000
Forgery Or Alteration	\$10,000
Lock Replacement	\$5,000
Money Orders And Counterfeit Money	\$1,000
Outdoor Property	\$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	\$10,000

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RENEWAL DECLARATIONS (CONTINUED)

Apartment Policy for **SUNSET RIDGE HOMEOWNERS**
Policy Number **96-E4-G788-0**

Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$2,500
Tenant Move Back Expenses	\$15,000
Valuable Papers And Records	
On Premises	\$10,000
Off Premises	\$5,000

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
Data Compromise	
Legal And Forensic Information Technology Review	\$5,000
Per Occurrence	\$50,000
Employee Dishonesty	\$25,000
Identity Restoration	
Other Expenses	\$1,000
Case Management Services	12 months
Per Occurrence	\$35,000
Lost Wages And Supervision Expenses	\$5,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$1,000,000

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RENEWAL DECLARATIONS (CONTINUED)

Apartment Policy for SUNSET RIDGE HOMEOWNERS
Policy Number 96-E4-G788-0

Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General 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.

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
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4500	Apartment Endorsement
CMP-4807	Lock Replacement
CMP-4502	Tenant Move Back Expenses
CMP-4503.1	Heating Air Cond Loss Reimburs
CMP-4746.1	Hired Auto Liability
CMP-4206.2	Amendatory Endorsement
FE-3650	Actual Cash Value Endorsement
CMP-4561.4	Policy Endorsement
CMP-4506.2	Loss of Income & Extra Expnse
CMP-4710	Employee Dishonesty
CMP-4849	Windstorm or Hail Deductible
CMP-4829	Guaranteed Replacement Cost
CMP-4990.1	Identity Restoration
CMP-4994	Data Compromise
CMP-4770	Addl Condo Prop Not Covered
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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RENEWAL DECLARATIONS (CONTINUED)

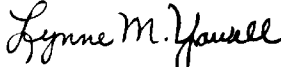
Apartment Policy for SUNSET RIDGE HOMEOWNERS
Policy Number 96-E4-G788-0

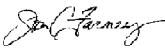
This policy is issued by the State Farm Fire and Casualty Company.

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.


Secretary


President

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.
Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.
Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.
If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.
Please keep this with your policy.

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OCT 22 2024
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RENEWAL DECLARATIONS (CONTINUED)

Apartment Policy for SUNSET RIDGE HOMEOWNERS
Policy Number 96-E4-G788-0

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.® using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm® does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

Colorado law requires that we provide the following information to you:

In addition to other allowable reasons for which your policy premium may have been adjusted upward or downward from your prior renewal, your premium increased due to the following:

An increase in the estimated cost of anticipated claims and expenses for State Farm's commercial multi-peril business in Colorado.

A reduction in the Age of Building discount or increase in the Age of Building charge owing to an increase in the age of each building insured.

Please contact your State Farm agent if you have any questions about your policy.

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OCT 22 2024
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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-20-0002-FC06 F W

SUNSET RIDGE HOMEOWNERS
ASSOCIATION
1512 GRAND AVE STE 109
GLENWOOD SPGS CO 81601-3853

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-E4-G788-0	
Policy Period	Effective Date	Expiration Date
12 Months	DEC 20 2024	DEC 20 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

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

See Reverse for Schedule Page with Limits

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OCT 22 2024
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE		DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop	\$	10,000	\$ 500	Included
	Loss of Income and Extra Expense	\$	10,000		Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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OCT 22 2024
FD-6007
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In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1,

2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

One login, access to all your accounts

Follow these easy steps:

- Log in to statefarm.com/onelogin using your personal ID and password
 - To find your business or organizational account, select “Switch account” under your name
- Don't see “Switch account”?
Contact your agent.*

Take care of business

- Pay a bill
- Access accounts through the State Farm® mobile app
- Get policy documents or a Certificate of Insurance (COI)
- Contact your agent

Need help?

Use your smartphone to scan this QR code for detailed instructions.



