



STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

RENEWAL DECLARATIONS

3

3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

AT2 005211 3125 M-20-2293-FAD1 F V
SWAN MEADOWS HOA
637 NORTH AVE
GRAND JCT CO 81501-7513

Policy Number	96-BS-L796-6	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 13 2019	FEB 13 2020
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
LAVONNE GORSUCH INS AGCY INC
501 HIGHWAY 50
GRAND JCT CO 81503-1907
PHONE: (970) 243-1117



0107-ST-1-1001

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: HOMEOWNERS ASSOCIATION

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

POLICY PREMIUM \$ 625.00
Minimum Premium

Discounts Applied:
Renewal Year
Claim Record

Prepared
DEC 17 2018
CMP-4000

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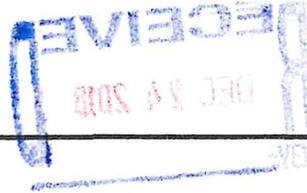
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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SWAN MEADOWS HOA
 Policy Number 96-BS-L796-6

**SECTION I - PROPERTY SCHEDULE**

Location Number	Location of Described Premises	Limit of Insurance*	
		Coverage A - Buildings	Coverage B - Business Personal Property
001	2980 SWAN MEADOWS DR GRAND JCT CO 81504-4465	No Coverage	No Coverage

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance*	
		Coverage A - Buildings	Coverage B - Business Personal Property
001A	PUMP HOUSE & 2 PUMPS	\$ 12,300	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: 173.5

SECTION I - DEDUCTIBLES

Basic Deductible \$1,000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SWAN MEADOWS HOA
Policy Number 96-BS-L796-6

Special Deductibles:



Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$1,000		

Other deductibles may apply - refer to policy.

0207-ST-1-1001

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

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DEC 17 2018
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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SWAN MEADOWS HOA
 Policy Number 96-BS-L796-6

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

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 DEC 17 2018
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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SWAN MEADOWS HOA
Policy Number 96-BS-L796-6



0307-ST-1-1001

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	\$1,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
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.

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DEC 17 2018
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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SWAN MEADOWS HOA
 Policy Number 96-BS-L796-6

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-6999.2	*Terrorism Insurance Cov Notice
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4206.1	Amendatory Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4508	Money and Securities
CMP-4710	Employee Dishonesty
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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. Youell
 Secretary

Michael J. Tignor
 President

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 DEC 17 2018
 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SWAN MEADOWS HOA
Policy Number 96-BS-L796-6



0407-ST-1-1001

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.

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.

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DEC 17 2018
CMP-4000

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STATE OF NEW YORK

IN SENATE
January 11, 1996

REPORT OF THE

COMMISSIONERS OF THE DEPARTMENT OF SOCIAL SERVICES
ON THE
OPERATIONS OF THE DEPARTMENT OF SOCIAL SERVICES
FOR THE FISCAL YEAR ENDING JUNE 30, 1995

STATE OF NEW YORK

IN SENATE
January 11, 1996



STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

3 Ravinia Drive
Atlanta GA 30346-2117

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-BS-L796-6	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 13 2019	FEB 13 2020
The policy period begins and ends at 12:01 am standard time at the premises location.		

M-20-2293-FAD1 F V

Named Insured

SWAN MEADOWS HOA
637 NORTH AVE
GRAND JCT CO 81501-7513



0507-ST-1-1001

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

Prepared
DEC 17 2018
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 Loss of Income and Extra Expense	\$ 10,000 \$ 10,000	\$ 500	Included Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

Prepared
DEC 17 2018
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 2015, this disclosure is part of your policy.

FE-6999.2 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your current policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined 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 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on

January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019; and 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.

FE-6999.2

0607-ST-1-1001



1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the specific procedures and protocols that must be followed when recording transactions. It details the steps from initial identification of a transaction to its final recording in the system, ensuring that all necessary information is captured and verified.

3. The third part of the document discusses the role of management in overseeing the recording process. It highlights the need for regular audits and reviews to ensure that the system is functioning correctly and that any discrepancies are identified and resolved promptly.

4. The fourth part of the document addresses the importance of training and education for all staff involved in the recording process. It stresses that everyone must understand their responsibilities and the correct procedures to follow to ensure the accuracy and integrity of the records.

5. The fifth part of the document discusses the use of technology in the recording process. It explores how modern software solutions can streamline the process, reduce errors, and provide real-time access to the data, while also highlighting the need for robust security measures to protect the information.

6. The final part of the document provides a summary of the key points and reiterates the commitment to maintaining high standards of accuracy and transparency in all organizational activities.



IMPORTANT NOTICE . . . Data Compromise Coverage Now Available



Nearly all businesses collect and retain personal information about their clients, employees and business associates. Yet many businesses lack the resources to respond effectively in the event this data is stolen or released when it is in their care, custody or control.

If a data breach occurs, a business may be required to notify all parties who were affected by the breach, effectively communicate the nature of the loss or disclosure and, if warranted, provide credit monitoring assistance and identity restoration case management service to those affected. Many states already require businesses to provide these services.

Data Compromise coverage may help a business respond to the expense of service obligations following a covered data breach.

Coverage Summary

Data Compromise coverage is designed to help a business investigate a data breach, notify individuals and provide credit monitoring, case management and other services that help prevent identity theft and fraud following a covered breach of non-public personal information. Data Compromise coverage may be available for certain necessary and reasonable expenses including:

- Legal and forensic information technology reviews;
- Notification to affected individuals; and
- Service to affected individuals including:
 - Informational materials;
 - Toll-free help line;
 - Credit report monitoring; and
 - Identity restoration case management.

If you choose to purchase Data Compromise coverage, Identity Restoration coverage will be included for your business.

No one can predict if a covered data breach will occur, but you are able to protect your business from certain response costs a breach may create. If you are interested in adding Data Compromise coverage to your policy, contact your State Farm® agent to see if your business qualifies.

INVESTIGATION OF THE ALLEGED VIOLATION OF THE FEDERAL BUREAU OF INVESTIGATION

BY THE UNITED STATES DEPARTMENT OF JUSTICE

AND THE FEDERAL BUREAU OF INVESTIGATION

ON THE MATTER OF THE ALLEGED VIOLATION OF THE FEDERAL BUREAU OF INVESTIGATION

BY THE UNITED STATES DEPARTMENT OF JUSTICE

AND THE FEDERAL BUREAU OF INVESTIGATION

ON THE MATTER OF THE ALLEGED VIOLATION OF THE FEDERAL BUREAU OF INVESTIGATION

BY THE UNITED STATES DEPARTMENT OF JUSTICE

AND THE FEDERAL BUREAU OF INVESTIGATION

StateFarm



STATE FARM FIRE AND CASUALTY COMPANY

3 Ravinia Drive
Atlanta GA 30346-2117

M-20- 2293-FAD1

V F

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SWAN MEADOWS HOA
637 NORTH AVE
GRAND JCT CO 81501-7513



BALANCE DUE NOTICE



POLICY NUMBER 96-BS-L796-6
Residential Community Association Policy

DATE DUE PLEASE PAY THIS AMOUNT
FEB 13 2019 \$625.00

Full payment by Date Due continues this policy to FEB 13 2020

ST-1
0101-1001

PREMIUM \$ 625.00
AMOUNT DUE \$ 625.00

Location: 2980 SWAN MEADOWS DR
GRAND JCT CO 81504-4465

Important Message(s)

17 2211 4051

Agent LAVONNE GORSUCH INS AGCY INC
Telephone (970) 243-1117

See reverse for important information.
Please keep this part for your record.
Prepared DEC 17 2018

↓ Please fold and tear here ↓

MOVING? PLEASE SEE YOUR STATE FARM AGENT. M-2293-FAD1

INSURED SWAN MEADOWS HOA

POLICY NUMBER 96-BS-L796-6 CONDOMINIUM

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE PLEASE PAY THIS AMOUNT
FEB 13 2019 \$625.00



2009903151
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



(o113092a)

(o1130911)

330-161 10-04-2010 office use only

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M 36016

Prepared: DEC 17 2018
94 |

FIRE BAL DUE

\$625.00

0315

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When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

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