



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

Po Box 2915
 Bloomington IL 61702-2915

Addl Insured-Section II Only

AT1 000591 3125 M-20-3C2D-FC06 F V
 HOA SERVICES
 607 S 7TH ST
 GRAND JCT CO 81501-7734



RENEWAL DECLARATIONS

Policy Number	96-GB-U645-3	
Policy Period	Effective Date	Expiration Date
12 Months	OCT 10 2025	OCT 10 2026
The policy period begins and ends at 12:01 am standard time at the premises location.		

Named Insured
 APPLE GLENN WEST HOA

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

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

POLICY PREMIUM	\$	857.00
Disaster Mitigation	\$	2.00
Total Amount	\$	859.00

Prepared
 AUG 12 2025
 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HOA SERVICES
Policy Number 96-GB-U645-3

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	607 S 7TH ST GRAND JCT CO 81501-7734

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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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HOA SERVICES
Policy Number 96-GB-U645-3



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-4561.5 *Policy Endorsement
- CMP-4532 *Exclusion Cyber Incident
- FE-6999.3 *Terrorism Insurance Cov Notice
- CMP-4543 *AI Design Person Org
- CMP-4550 Residential Community Assoc
- CMP-4746.1 Hired Auto Liability
- CMP-4206.2 Amendatory Endorsement
- * 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.

Michelle Mancias
Secretary

Jan C. Farney
President

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AUG 12 2025
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HOA SERVICES
Policy Number **96-GB-U645-3**

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CMP-4543 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 96-GB-U645-3

Named Insured:

APPLE GLENN WEST HOA

Name And Address Of Additional Insured Person Or Organization:

HOA SERVICES
607 S 7TH ST
GRAND JCT CO 81501-7734

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. **Premises And Ongoing Operations**
Your acts or omissions or the acts or omissions of those acting on your behalf:
 - (1) In connection with your premises; or
 - (2) In the performance of your ongoing operations; or
 - b. **Products-Completed Operations**
"Your work" performed for that additional insured and included in the "products-completed operations hazard".
2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.
3. **Primary Insurance.** The insurance afforded the additional insured shall be primary insurance. Any insurance carried by the additional insured shall be noncontributory with respect to coverage provided by you.

All other policy provisions apply.

CMP-4543

96-GB-U645-3

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