State Farm

STATE FARM FIRE AND CASUALTY COMPANY

*Po Box 2915*
*Bloomington IL 61702-2915*

M-20- 2293-FC06 V F

001424 3125

THE PRESERVE HOMEOWNER
ASSOCIATION INC
C/O HOA SERVICES
607 S 7TH ST
GRAND JCT CO 81501-7734

SI-
0101-0001

# BALANCE DUE NOTICE

**POLICY NUMBER** 96-E6-5775-6
Residential Community Association Policy

| DATE DUE | PLEASE PAY THIS AMOUNT |
|---|---|
| SEE NOTE | SEE NOTE |

**Full payment by Date Due continues this policy to JUN 1 2027**

| | | |
|---|---|---|
| PREMIUM | $ | 867.00 |
| DISASTER MITIGATION | $ | 2.00 |
| CO FAIR Plan | $ | 3.37 |

Location: PRESERVE LN
GRAND JCT CO 81503

Important Message(s)

NOTE:
Do not pay. Payment is being made through State Farm Payment Plan. Account # 1321596756

OK TO PAY MS

17 2832 6868

*See reverse for important information.*
*Please keep this part for your record.*
Prepared APR 03 2026

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

↓ Please fold and tear here ↓

**MOVING? PLEASE SEE YOUR STATE FARM AGENT.** M-2293-FC06

State Farm

| | | |
|---|---|---|
| **INSURED** | THE PRESERVE HOMEOWNER ASSOCIATION INC | |
| **POLICY NUMBER** | 96-E6-5775-6 | **CONDOMINIUM** |

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

| DATE DUE | PLEASE PAY THIS AMOUNT |
|---|---|
| SEE NOTE | SEE NOTE |

2009607015

538-181 b.8 10-04-2010 (o1f3092a) (o1f3091j)

Office use only 0984 M 9435

Prepared: APR 03 2026
94 I

| | | |
|---|---|---|
| FIRE BAL DUE | | 0701 |

300618200000000 4966583657756025205

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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.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)

*For Office Use Only*

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

*Po Box 2915*
*Bloomington IL 61702-2915*

## RENEWAL DECLARATIONS

**Named Insured**

AT2 M-20-2293-FC06 F V
001424 3125
THE PRESERVE HOMEOWNER
ASSOCIATION INC
C/O HOA SERVICES
607 S 7TH ST
GRAND JCT CO 81501-7734

| Policy Number | 96-E6-5775-6 | |
|---|---|---|
| **Policy Period** | **Effective Date** | **Expiration Date** |
| 12 Months | JUN 1 2026 | JUN 1 2027 |

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

## 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 ASSN

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

| | | |
|---|---|---|
| POLICY PREMIUM | $ | 867.00 |
| Disaster Mitigation | $ | 2.00 |
| Total Amount | $ | 872.37 |

Discounts Applied:
Renewal Year
Claim Record

**CO FAIR Plan** **$3.37**

Prepared
APR 03 2026
CMP-4000



Continued on Reverse Side of Page

## RENEWAL DECLARATIONS (CONTINUED)

**Residential Community Association Policy for THE PRESERVE HOMEOWNER**
**Policy Number 96-E6-5775-6**

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

**SECTION II - LOCATION SCHEDULE**

| Location Number | Location of Described Premises |
|---|---|
| 001 | PRESERVE LN<br>GRAND JCT CO 81503 |

**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 |
| Directors And Officers Liability | $1,000,000 |

| AGGREGATE LIMITS | LIMIT OF INSURANCE |
|---|---|
| Products/Completed Operations Aggregate | $2,000,000 |
| General Aggregate | $2,000,000 |
| Directors and Officers Aggregate | $1,000,000 |

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.







Continued on Next Page

## RENEWAL DECLARATIONS (CONTINUED)

**Residential Community Association Policy for THE PRESERVE HOMEOWNER**
**Policy Number 96-E6-5775-6**

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-6999.3 | *Terrorism Insurance Cov Notice |
| CMP-4815 | Directors & Officers Liability |
| CMP-4206.2 | Amendatory Endorsement |
| CMP-4788 | Addl Insd Mgrs Lessor of Prem |
| CMP-4550 | Residential Community Assoc |
| CMP-4746.1 | Hired Auto Liability |
| FE-3650 | Actual Cash Value Endorsement |
| CMP-4561.5 | Policy Endorsement |
| CMP-4532 | Exclusion Cyber Incident |

* New Form Attached

### SCHEDULE OF ADDITIONAL INTERESTS

**Interest Type:** Addl Insured-Section II
**Endorsement #:** CMP4788
**Loan Number:** N/A

HOA SERVICES
607 S 7TH ST
GRAND JCT CO 815017734

## RENEWAL DECLARATIONS (CONTINUED)

**Residential Community Association Policy for THE PRESERVE HOMEOWNER**
**Policy Number** 96-E6-5775-6

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 Marcias
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.

## RENEWAL DECLARATIONS (CONTINUED)

**Residential Community Association Policy for THE PRESERVE HOMEOWNER**
**Policy Number 96-E6-5775-6**

### 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 Claims History Rating or Commercial Experience Rating premium adjustment owing to any additional qualified claims since your last renewal.

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

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.

**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 M-20-2293-FC06 F V
001425 3125
HOA SERVICES
607 S 7TH ST
GRAND JCT CO 81501-7734

## RENEWAL DECLARATIONS

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|---|---|---|
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**Named Insured**
THE PRESERVE HOMEOWNER
ASSOCIATION INC

## Residential Community Association Policy

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| Disaster Mitigation | $ | 2.00 |
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Discounts Applied:
Renewal Year
Claim Record

**CO FAIR Plan** **$3.37**

Prepared
APR 03 2026
CMP-4000



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**Residential Community Association Policy for HOA SERVICES**
**Policy Number 96-E6-5775-6**

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

## SECTION II - LOCATION SCHEDULE

| Location Number | Location of Described Premises |
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## SECTION II - LIABILITY

| COVERAGE | LIMIT OF INSURANCE |
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**Residential Community Association Policy for HOA SERVICES**
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| | * New Form Attached |

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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 Mercias
Secretary

President





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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.
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