

RENEWAL DECLARATIONS (CONTINUED)

**Residential Community Association Policy for FOX HILL
Policy Number 96-KT-9313-0**

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.

Prepared
JAN 23 2020
CMP-4000

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3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

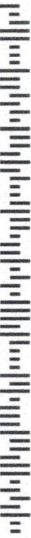
AT1 001675 3125 M-20-2648-FA65 F V
FOX HILL
HOMEOWNERS ASSOCIATION
PO BOX 425
LONGMONT CO 80502-0425

Policy Number 96-KT-9313-0

Policy Period 12 Months **Effective Date MAR 22 2020** **Expiration Date MAR 22 2021**
The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address
WES PARKER INSURANCE AGCY INC
603 KIMBARK ST
LONGMONT CO 80501-4910

PHONE: (303) 772-6467
(303) 702-0254



0104-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.

INSURANCE

POLICY PREMIUM

\$ 1,528.00

Discounts Applied:
Renewal Year
Claim Record

COVERAGE

Coverage 1 - Personal Liability
Coverage 2 - Medical Expenses (Auto Only Removal)
Damage To Premises Owned by You
Burglary and Theft of Contents
Personal Auto

EXCLUSIONS

Production of Records
Contractual Obligations
Emergency Assistance
Other

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for FOX HILL
 Policy Number 96-KT-9313-0

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

| Location Number | Location of Described Premises |
|-----------------|------------------------------------|
| 001 | 9TH & PACE ST LONGMONT CO 80501 |

SECTION II - LIABILITY

COVERAGE

- Coverage L - Business Liability
- Coverage M - Medical Expenses (Any One Person)
- Damage To Premises Rented To You
- Directors And Officers Liability

LIMIT OF INSURANCE

- \$1,000,000
- \$5,000
- \$300,000
- \$1,000,000

AGGREGATE LIMITS

- Products/Completed Operations Aggregate
- General Aggregate
- Directors and Officers Aggregate

LIMIT OF INSURANCE

- \$2,000,000
- \$2,000,000
- \$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.

RENEWAL DECLARATIONS (CONTINUED)**Residential Community Association Policy for FOX HILL**
Policy Number 96-KT-9313-0

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
FE-6999.2 *Terrorism Insurance Cov Notice
CMP-4815 Directors/Officers Endorsement
CMP-4206.1 Amendatory Endorsement
CMP-4550 Residential Community Assoc
CMP-4746.1 Hired Auto Liability
FE-3650 Actual Cash Value Endorsement
CMP-4561.1 Policy 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.

Syrene M. Yowell
Secretary

Michael J. Tignor
President