



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

3 Ravinia Drive
 Atlanta GA 30346-2117

DECLARATIONS

Policy Number	96-BC-G636-4	
Policy Period	Effective Date	Expiration Date
12 Months	OCT 15 2018	OCT 15 2019
The policy period begins and ends at 12:01 am standard time at the premises location.		

M-20-2281-FAD1 F V

006265 3123

Add Insured-Section II Only

DOUBLE H MANAGEMENT
 PO BOX 774444
 STEAMBOAT SPRINGS CO 80477-4444

Named Insured
 STAGECOACH TOWNHOUSE ASSOC
 PO BOX 774444
 STEAMBOAT SPR CO 80477-4444

Loan # 0000514722

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: Individual

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

POLICY PREMIUM \$ 63,237.00

Discounts Applied:
 Renewal Year
 Multiple Unit
 Claim Record

Prepared
 AUG 20 2018
 CMP-4000

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for DOUBLE H MANAGEMENT
Policy Number 96-BC-G636-4

SECTION I - PROPERTY BLANKET

Coverage A - Buildings
Coverage B - Business Personal Property

Limit of Insurance*
\$ 32,125,500
No Coverage

Location Number	Location of Described Premises
001	23130 SCHUSSMARK TRAIL BLDG 1 OAK CREEK CO 80467-9680
002	23140 SCHUSSMARK TRAIL BLDG 2 OAK CREEK CO 80467-9688
003	23185 SCHUSSMARK TRAIL BLDG 3 OAK CREEK CO 80467-9642
004	23195 SCHUSSMARK TRAIL BLDG 4 OAK CREEK CO 80467-9696
005	23150 SCHUSSMARK TRAIL BLDG 5 OAK CREEK CO 80467-9697
006	23120 SCHUSSMARK TRAIL BLDG 6 OAK CREEK CO 80467-9650
007	23090 SCHUSSMARK TRAIL BLDG 7 OAK CREEK CO 80467-9500
008	23070 SCHUSSMARK TRAIL BLDG 8 OAK CREEK CO 80467-9653

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AUG 20 2018
CMP-4000

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for DOUBLE H MANAGEMENT
Policy Number 96-BC-G636-4

Location Number	Location of Described Premises
009	23141 SCHUSSMARK TRAIL BLDG 9 OAK CREEK CO 80467-9656
010	23050 SCHUSSMARK TRAIL BLD 10 OAK CREEK CO 80467-9502
011	23055 SCHUSSMARK TRAIL BLD 11 OAK CREEK CO 80467-9657
012	23045 SCHUSSMARK TRAIL BLD 12 OAK CREEK CO 80467-9503
013	23035 SCHUSSMARK TRAIL BLD 13 OAK CREEK CO 80467-9504
014	23025 SCHUSSMARK TRAIL BLD 14 OAK CREEK CO 80467-9662
015	23015 SCHUSSMARK TRAIL BLD 15 OAK CREEK CO 80467-9505

* 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: 198.9

Prepared
AUG 20 2018
CMP-4000

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for DOUBLE H MANAGEMENT
 Policy Number **96-BC-G636-4**

SECTION I - DEDUCTIBLES

Basic Deductible	\$25,000		
Special Deductibles:			
Money and Securities	\$250	Employee Dishonesty	\$250
Equipment Breakdown	\$2,500		

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
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



DECLARATIONS (CONTINUED)

Residential Community Association Policy for DOUBLE H MANAGEMENT
Policy Number 96-BC-G636-4

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
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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DECLARATIONS (CONTINUED)

Residential Community Association Policy for DOUBLE H MANAGEMENT
Policy Number 96-BC-G636-4

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
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.



DECLARATIONS (CONTINUED)

Residential Community Association Policy for DOUBLE H MANAGEMENT
Policy Number 96-BC-G636-4

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-4561.1 *Policy Endorsement
- CMP-4705.2 *Loss of Income & Extra Expnse
- CMP-4746.1 *Hired Auto Liability
- FE-6999.2 *Terrorism Insurance Cov Notice
- CMP-4206.1 Amendatory Endorsement
- CMP-4815 Directors/Officers Endorsement
- CMP-4862 Building Ordinance or Law Cov
- CMP-4550 Residential Community Assoc
- CMP-4710 Employee Dishonesty
- CMP-4508 Money and Securities
- CMP-4860 AI Design Person Org
- FE-3650 Actual Cash Value 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 F. Lippert
President

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STATE FARM LIFE 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-BC-G636-4	
Policy Period	Effective Date	Expiration Date
12 Months	OCT 15 2018	OCT 15 2019
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M-20-2281-FAD1 F V

Named Insured

STAGECOACH TOWNHOUSE ASSOC
PO BOX 774444
STEAMBOAT SPR CO 80477-4444

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

*New Form Attached

See Reverse for Schedule Page with Limits

Prepared
AUG 20 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	\$ 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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AUG 20 2018
FD-6007

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