



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

2702 Ireland Grove Road
 Bloomington, IL 61709-0001

DECLARATIONS AMENDED AUG 3 2015

Policy Number		96-BC-G636-4
Policy Period	Effective Date	Expiration Date
12 Months	OCT 15 2015	OCT 15 2016
The policy period begins and ends at 12:01 am standard time at the premises location.		

T-20-2281-FAD1 F V

001467 3123

Named Insured

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

Agent and Mailing Address
 DAX MATTOX INS AGENCY INC
 1915 ALPINE PLZ UNIT C-2
 STEAMBOAT SPR CO 80487-2112

PHONE: (970) 879-7773

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

Reason for Declarations: Your policy is amended AUG 3 2015
 ADDITIONAL INSURED ADDED
 FORM CMP-4860 ADDED

Other items shown are effective
 with the policy's 2015 renewal

Endorsement Premium

None

Discounts Applied:
 Renewal Year
 Multiple Unit

Prepared
 OCT 15 2015
 CMP-4000

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for STAGECOACH TOWNHOUSE ASSOC
 Policy Number 96-BC-G636-4

SECTION I - PROPERTY BLANKET

Coverage A - Buildings
 Coverage B - Business Personal Property

Limit of Insurance*
 \$ 29,176,500
 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



DECLARATIONS (CONTINUED)

Residential Community Association Policy for STAGECOACH TOWNHOUSE ASSOC
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: 173.2

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OCT 15 2015
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DECLARATIONS (CONTINUED)

Residential Community Association Policy for STAGECOACH TOWNHOUSE ASSOC
 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

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for STAGECOACH TOWNHOUSE ASSOC
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	\$50,000
On Premises	\$15,000
Off Premises	\$5,000
Arson Reward	\$10,000
Forgery Or Alteration	\$5,000
Money And Securities (Off Premises)	\$10,000
Money And Securities (On Premises)	\$1,000
Money Orders And Counterfeit Money	\$5,000
Outdoor Property	\$2,500
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	\$15,000
Personal Property Off Premises	\$10,000
Pollutant Clean Up And Removal	\$2,500
Property Of Others (applies only to those premises provided Coverage B - Business Personal Property)	\$2,500
Signs	\$10,000
Valuable Papers And Records	\$5,000
On Premises	\$5,000
Off Premises	

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for STAGECOACH TOWNHOUSE ASSOC
 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 STAGECOACH TOWNHOUSE ASSOC
 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-4860	*AI Design Person Org
CMP-4206.1	Amendatory Endorsement
FE-6999.2	Terrorism Insurance Cov Notice
CMP-4815	Directors/Officers Endorsement
CMP-4729	Building Ordinance or Law Cov
CMP-4550	Residential Community Assoc
CMP-4746	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705	Loss of Income & Extra Expnse
FD-6007	Inland Marine Attach Dec
	* New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
 Endorsement #: CMP4860
 Loan Number: N/A

DOUBLE H MANAGEMENT
 PO BOX 774444
 STEAMBOAT SPRINGS CO 804774444

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DECLARATIONS (CONTINUED)

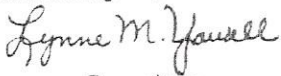
Residential Community Association Policy for STAGECOACH TOWNHOUSE ASSOC
Policy Number 96-BC-G636-4

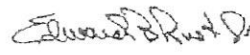
This policy is issued by the State Farm Fire and Casualty Company.

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.


Secretary


President

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

2702 Ireland Grove Road
Bloomington, IL 61709-0001

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-BC-G636-4	
Policy Period	Effective Date	Expiration Date
12 Months	OCT 15 2015	OCT 15 2016
The policy period begins and ends at 12:01 am standard time at the premises location.		

T-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-8739 Inland Marine Conditions
FE-8743 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



CMP-4860 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

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

SCHEDULE

Policy Number: 96-BC-G636-4

Named Insured:

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

Name And Address Of Additional Insured Person Or Organization:

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

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.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



CMP-4860 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

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

SCHEDULE

Policy Number: 96-BC-G636-4

Named Insured:

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

Name And Address Of Additional Insured Person Or Organization:

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

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.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

CMP-4860