



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

1555 Promontory Circle  
 Greeley, CO 80638-0001

**DECLARATIONS**

<b>Policy Number</b>	<b>96-BV-K617-4</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	DEC 28 2012	DEC 28 2013
The policy period begins and ends at 12:01 am standard time at the premises location.		

0836 3123 T-20-2158-F632 F V

**Named Insured**

MONTCLAIR SUBDIVISION HOA  
 PO BOX 812  
 PALISADE CO 81526-0812

**Agent and Mailing Address**  
 ERIC LUSBY INSURANCE AGCY INC  
 2584 PATTERSON RD STE 1  
 GRAND JCT CO 81505-1451

PHONE: (970) 242-0156

**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

POLICY PREMIUM \$ 625.00  
 Minimum Premium

Discounts Applied:  
 Claim Record

Prepared  
 DEC 27 2012  
 CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008  
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Reverse Side of Page

Page 1 of 3

008391 290 I  
 E 1R

## DECLARATIONS (CONTINUED)

Residential Community Association Policy for MONTCLAIR SUBDIVISION HOA  
 Policy Number 96-BV-K617-4

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	844 MONTCLAIR DR PALISADE CO 81526-8403

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.

Prepared  
 DEC 27 2012  
 CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008  
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

## DECLARATIONS (CONTINUED)

Residential Community Association Policy for MONTCLAIR SUBDIVISION HOA  
Policy Number 96-BV-K617-4

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-4550	Residential Community Assoc
CMP-4815	Directors/Officers Endorsement
CMP-4746	Hired Auto Liability
CMP-4206	Amendatory Endorsement
FE-6999.1	Terrorism Insurance Cov Notice

---

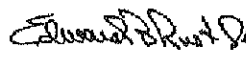
This policy is issued by the State Farm Fire and Casualty Company.

## 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

Prepared  
DEC 27 2012  
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008  
Includes copyrighted material of Insurance Services Office, Inc., with its permission.