A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

RENEWAL DECLARATIONS

Named Insured

AT2 M-20-2446-FBF8 F V
001203 3125
HUNTINGTON PINES HOMEOWNERS
ASSOCIATION
C/O CHRIS TODD
PO BOX 4315
ENGLEWOOD CO 80155-4315

Policy Number	96-CJ-8234-8	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	AUG 12 2024	AUG 12 2025

The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address
JACK V DOWNING INS AGCY INC
425 S CHERRY ST STE 640
DENVER CO 80246-1233

PHONE: (303) 825-6633

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: CONDO

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

POLICY PREMIUM	$	2,778.00
Disaster Mitigation	$	2.00
Total Amount	$	2,780.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
JUN 14 2024
CMP-4000

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SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001	EAST MAPLEWOOD CIR & SOUTH DAYTON ST ENGLEWOOD CO 80111	No Coverage	No Coverage

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001A	GATE	$ 103,200	See Prop Sch
001B	Fence, walls, etc.	$ 46,200	See Prop Sch

* 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: 267.9

Prepared
JUN 14 2024
CMP-4000

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HUNTINGTON PINES HOMEOWNERS
Policy Number 96-CJ-8234-8

SECTION I - DEDUCTIBLES

Basic Deductible $1,000

Special Deductibles:

Wind/Hail	1%	Money and Securities	$250
Employee Dishonesty	$250	Equipment Breakdown	$1,000

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

Continued on Reverse Side of Page

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HUNTINGTON PINES HOMEOWNERS
Policy Number 96-CJ-8234-8

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	$5.000
Valuable Papers And Records	
On Premises	$10.000
Off Premises	$5.000

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HUNTINGTON PINES HOMEOWNERS
Policy Number 96-CJ-8234-8

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	$100.000
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.

Continued on Reverse Side of Page

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-4849	*Windstorm or Hail Deductible
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4206.2	Amendatory Endorsement
CMP-4815	Directors/Officers Endorsement
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expnse
FE-3650	Actual Cash Value Endorsement
CMP-4561.4	Policy 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. Yowell
Secretary

Michael T. Tipsord
President

Prepared
JUN 14 2024
CMP-4000

Continued on Next Page

A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT1
000178 3317 9L-20-2446-FBF8 F M
HUNTINGTON PINES HOMEOWNERS
ASSOCIATION
C/O CHRIS TODD
PO BOX 4315
ENGLEWOOD CO 80155-4315

Entity: HOA

RENEWAL DECLARATIONS

Policy Number 96-CJ-8235-1

Policy Period	Effective Date	Expiration Date
12 Months	AUG 12 2024	AUG 12 2025

The policy period begins and ends at 12:01 am standard time at your mailing address as shown.

COMMERCIAL LIABILITY UMBRELLA POLICY

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically upon payment of the renewal premium when due subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated we will give you written notice in compliance with the policy provisions or as required by law.

Coverage(s)	Limits of Insurance
Coverage L - Business Liability (Each Occurrence)	$ 2,000,000
Coverage L - Business Liability (Annual Aggregate)	$ 2,000,000
Self-Insured Retention	$ 10,000

Required Underlying Insurance Schedule

Coverage		Minimum Underlying Limits
Business Liability	Bodily Injury (Per Occurrence)	$ 500,000
	Bodily Injury (Annual Aggregate)	$ 1,000,000
	Property Damage (Per Occurrence and Annual Aggregate)	$ 100,000
	--or--	
	Bodily Injury and Property Damage (Per Occurrence)	$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	$ 1,000,000
Employers Non-Owned Auto Liability	Bodily Injury and Property Damage (Each Occurrence)	$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	$ 1,000,000
	--or--	
	Bodily Injury (Each Person/Each Accident)	$ 500,000 / $ 500,000
	Property Damage (Each Accident)	$ 100,000
	--or--	
	Bodily Injury and Property Damage (Each Accident)	$ 500,000

Forms & Endorsements

Commercial Umb Coverage Form	CU-2100
*Terrorism Insurance Cov Notice	FE-6999.3
Amendatory Endorsement	CU-2206.2
Exclusion - Lead Poisoning	CU-2339
Amendment of Who Is an Insured	CU-2384
Policy Endorsement	CU-2474.3

Policy Premium $ 515.00

* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared JUN 17 2024
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JACK V DOWNING INS AGCY INC
(303) 825-6633

Continued from Front

Required Underlying Insurance Schedule

Coverage		Minimum Underlying Limits
Hired Auto Liability	Bodily Injury and Property Damage (Each Occurrence)	$ 500,000
	Bodily Injury and Property Damage (Annual Aggregate)	$ 1,000,000
	--or--	
	Bodily Injury (Each Person/Each Accident)	$ 500,000 / $ 500,000
	Property Damage (Each Accident)	$ 100,000
	--or--	
	Bodily Injury and Property Damage (Each Accident)	$ 500,000

Your policy consists of these Declarations, the Commercial Liability Umbrella Coverage Form, and any other forms and endorsements that apply.

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. Yowell
Secretary

Michael L. Tipsord
President

3 State Farm Plaza
Bloomington IL 61791-0002

AT1 L-20- 2446-FBF8 M F
000102 0001
HUNTINGTON PINES HOMEOWNERS
ASSOCIATION
PO BOX 4315
ENGLEWOOD CO 80155-4315

ST-1
0911 1001

Address: Same as Mailing Address

BILLING RECORD

POLICY NUMBER	96-BN-Q895-8
Fidelity Bond DEC 21 2024 to DEC 21 2025	
DATE DUE	SEE BALANCE DUE NOTICE
DEC 21 2024	$394.00

Coverages and Limits

Fidelity Bond	$200,000

Forms, Options, and Endorsements

Coverage Form a-Blanket	FB-9159.1 FB-9148.3
CO Changes Endorsement	IL-0228 04/98
Limit of Liability Occurrence	SE-9023 02/06
Exclude Designated Persons	CR-1002 01/89
Non Comp Officers as Employees	CR-1026 10/90

Annual Premium	$394.00
Amount Due	$394.00

Premium payment in full is required for bonds. If bond is no longer needed, please contact your agent.

Thanks for letting us serve you...

Agent JACK V DOWNING INS AGCY INC
Telephone (303) 825-6633

Moving? See your State Farm agent.
See reverse for important information.

Prepared
NOV 12 2024

6634 201 1 REB

3 State Farm Plaza
Bloomington IL 61791-0002

AT1 L-20- 2446-FBF8 M F
000102 0001
HUNTINGTON PINES HOMEOWNERS
ASSOCIATION
PO BOX 4315
ENGLEWOOD CO 80155-4315

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DATE DUE	SEE BALANCE DUE NOTICE
DEC 21 2024	$394.00

Coverages and Limits

Fidelity Bond	$200,000

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Annual Premium
Amount Due

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Thanks for letting us serve you...

Agent JACK V DOWNING INS AGCY INC
Telephone (303) 825-6633

REB

Moving? See your State Farm agent.
See reverse for important information.
Prepared
NOV 12 2024

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)

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