

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT1 000224 3317 9L-20-0002-FC06 F M

BASALT VISTA TOWNHOMES
ASSOCIATION & BASALT VISTA
HOMEOWNERS ASSOCIATION
ATTN: SILVER MNTN PROPTY
326 HIGHWAY 133 STE 120
CARBONDALE CO 81623-1568



Entity: Partnership

RENEWAL DECLARATIONS

Policy Number	96-ER-N109-0	
Policy Period	Effective Date	Expiration Date
12 Months	JUL 12 2024	JUL 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)	\$ 5,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 5,000,000
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
Exclusion - Lead Poisoning	CU-2339
Amendatory Endorsement	CU-2206.2
Policy Endorsement	CU-2474.3
Amendment of Who Is an Insured	CU-2384

Policy Premium \$ 1,025.00

* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared MAY 15 2024

CLOUD INS AND FIN SVCS INC
(970) 927-0419

Continued from Front

Coverage	Required Underlying Insurance Schedule	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. Youell
Secretary

Michael J. Lyman
President



In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE



ST-0202-0001

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1,

2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3



State Farm Fire and Casualty Company

Po Box 2915
Bloomington IL 61702-2915

BALANCE DUE NOTICE



POLICY NUMBER 96-ER-N109-0
COMMERCIAL LIABILITY UMBRELLA POLICY

DATE DUE PLEASE PAY THIS AMOUNT
SEE NOTE SEE NOTE

000224 3317

L-20-0002-FC06

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BASALT VISTA TOWNHOMES
ASSOCIATION & BASALT VISTA
HOMEOWNERS ASSOCIATION
ATTN: SILVER MNTN PROPTY
326 HIGHWAY 133 STE 120
CARBONDALE CO 81623-1568



Full payment by Date Due continues this policy to JUL 12 2025

ST-0101-0001

PREMIUM \$ 1,025.00

LOCATION: On File

Important Message(s)

NOTE:

Do not pay. Payment is being made through State Farm Payment Plan. Account # 1670603757

Agent Telephone CLOUD INS AND FIN SVCS INC
(970) 927-0419

17 2444 0417

See reverse for important information.
Please keep this part for your record.
Prepared MAY 15 2024

↓ Please fold and tear here ↓

MOVING? PLEASE SEE YOUR STATE FARM AGENT. L-0002-FC06

INSURED BASALT VISTA TOWNHOMES ASSOCIATION & BASALT VISTA
POLICY NUMBER 96-ER-N109-0 COMM LIAB UMB

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

DATE DUE PLEASE PAY THIS AMOUNT
SEE NOTE SEE NOTE

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Prepared: MAY 15 2024
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FIRE BAL DUE

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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)

For Office Use Only

