

Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

AT1 000377 3317 9L-20-2067-FC06 F M

EAGLES NEST PROPERTY  
HOMEDWNERS ASSN INC & EAGLES  
NEST PROPERTY OWNERS ASSOC  
DESIGN REVIEW COMMITTEE  
PO BOX 24419  
SILVERTHORNE CO 80497-4419



Entity: Corporation

**RENEWAL DECLARATIONS**

Policy Number 96-BR-T727-6

Policy Period	Effective Date	Expiration Date
12 Months	JAN 10 2024	JAN 10 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 I - Business Liability (Each Occurrence)	\$ 5,000,000
Coverage L - Business Liability (Annual Aggregate)	\$ 5,000,000
<b>Self-Insured Retention</b>	<b>\$ 10,000</b>

Coverage	Required Underlying Insurance Schedule	
		Minimum Underlying Limits
<b>Business Liability</b>	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
<b>Employers Non-Owned Auto Liability</b>	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
Amendment of Who Is an Insured	CU-2384
Policy Endorsement	CU-2474.3

Policy Premium \$ 1,730.00

\* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared NOV 14 2023

ROBERT A NELSON INS AGCY INC  
(970) 668-5577

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. Lipson*  
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**

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-6000.3

© Copyright, State Farm Mutual Automobile Insurance Company, 2020

311  
0212 1/20



PO Box 2815  
Bloomington IL 61702-2815

**Named Insured**

AT2 003139 3125 M-20-2067-FC06 F V

EAGLES NEST PROPERTY  
HOMEOWNERS ASSOCIATION INC &  
EAGLES NEST PROPERTY OWNERS  
ASSOC DESIGN REVIEW COMMITTEE  
PO BOX 24419  
SILVERTHORNE CO 80497-4419



**Policy Number** 96-GR-2865-2

Policy Period	Effective Date	Expiration Date
12 Months	JAN 10 2024	JAN 10 2025

The policy period begins and ends at 12.01 am standard time at the premises location.

**Agent and Mailing Address**

ROBERT A NELSON INS AGCY INC  
PO BOX 867  
FRISCO CO 80443-0867

PHONE: (970) 668-5577

**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 ASSN

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

POLICY PREMIUM	\$ 13,427.00
Disaster Mitigation	\$ 2.00
Total Amount	\$ 13,429.00

Discounts Applied:  
Renewal Year  
Claim Record

Prepared  
NOV 13 2023  
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

## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for EAGLES NEST PROPERTY  
Policy Number 96-GR-2865-2SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001	EAGLES NEST SILVERTHORNE CO 80498	No Coverage	No Coverage

AUXILIARY STRUCTURES

Location Number	Description	Limit of Insurance* Coverage A - Buildings	Limit of Insurance* Coverage B - Business Personal Property
001A	COMMUNITY CENTER	\$ 1,041,900	\$ 74,100
001B	DUMPSTER ENCLOSURE	\$ 25,100	See Prop Sch
001C	PLAYGROUND EQUIPMENT	\$ 59,300	See Prop Sch
001D	OPEN AIR PAVILLION	\$ 274,200	See Prop Sch
001E	IRRIGATION SYSTEM	\$ 21,600	See Prop Sch
001F	MANSONRY WALLS	\$ 67,700	See Prop Sch
001G	SIGN	\$ 30,400	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.

Prepared:  
NOV 13 2023  
CMP-4000

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

021807

Continued on Next Page

Page 2 of 8

## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for EAGLES NEST PROPERTY  
 Policy Number 96-GR-2865-2

**SECTION I - INFLATION COVERAGE INDEX(ES)**

Inflation Coverage Index: 282.4

**SECTION I - DEDUCTIBLES**

Basic Deductible \$2,500

**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

Prepared  
 NOV 13 2023  
 CMP-4000

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

321008 294  
 E

Continued on Reverse Side of Page

Page 3 of 8

**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for EAGLES NEST PROPERTY**  
**Policy Number 96-GR-2865-2**

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
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

Prepared  
 NOV 13 2023  
 CMP-4000

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



## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for EAGLES NEST PROPERTY  
 Policy Number 96-GR-2865-2

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

**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	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$10,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000

Prepared  
 NOV 13 2023  
 CMP-4000

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

021809 294

Continued on Reverse Side of Page

Page 5 of 8



