




# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
03/13/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b>  Rob Nelson 619 Main Street Frisco, CO 80443-		<b>CONTACT</b> NAME: Rob Nelson PHONE (A/C, No, Ext): (970) 668-5577 E-MAIL ADDRESS: rob.nelson.cwhp@statefarm.com PRODUCER CUSTOMER ID		<b>FAX</b> (AC, NO): (970) 668-1291	
<b>INSURED</b> EAGLES NEST PROPERTY HOMEOWNERS ASSOCIATION INC PO BOX 24419 SILVERTHORNE, CO 80497-4419		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:			
		<b>NAIC #</b> 25143			

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REFER TO ACORD 101.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	<input type="checkbox"/> <b>PROPERTY</b>					
	CAUSES OF LOSS DEDUCTIBLES				BUILDING	\$ \$1,396,900
	<input type="checkbox"/> BASIC BUILDING \$20,000.00				PERSONAL PROPERTY	\$
	<input type="checkbox"/> BROAD CONTENTS				BUSINESS INCOME	\$ SEE ACORD 101
	<input type="checkbox"/> SPECIAL				EXTRA EXPENSE	\$ SEE ACORD 101
	<input type="checkbox"/> EARTHQUAKE	96-GR-2865-2	01/10/2025	01/10/2026	RENTAL VALUE	\$ SEE ACORD 101
	<input type="checkbox"/> WIND				BLANKET BUILDING	\$
	<input type="checkbox"/> FLOOD				BLANKET PERS PROP	\$
					BLANKET BLDG & PP	\$
						\$
						\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> <b>CRIME</b>					\$
	TYPE OF POLICY					\$
						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REFER TO ACORD 101.

## CERTIFICATE HOLDER

## CANCELLATION

EAGLES NEST PROPERTY HOMEOWNER ASSOCIATION INC PO Box 24419 Silverthorne, CO 80497-4419	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  IF SIGNATURE IS REQUIRED, PLEASE CONTACT AGENT.

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## ADDITIONAL REMARKS SCHEDULE

AGENCY Rob Nelson		NAMED INSURED EAGLES NEST PROPERTY HOMEOWNERS ASSOCIATION INC & EAGLES	
POLICY NUMBER 96-GR-2865-2		EFFECTIVE DATE: 01/10/2025	
CARRIER State Farm Fire and Casualty Company	NAIC CODE 25143		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.**

**FORM NUMBER:** 24 **FORM TITLE:** Certificate of Property Insurance

#### Unit Owner:

EAGLES NEST PROPERTY HOMEOWNER ASSOCIATION INC - PO Box 24419 - Silverthorne, - CO - 80497-4419 - Unit Loan Number:NA - Number Of Units: 0780

**Association Type:** Residential Community Association Policy

#### Forms, Options and Endorsements:

CMP-4100	Businessowners Coverage Form
CMP-4830	Interior Building Damage
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4710	Emp Dishonesty \$25,000
CMP-4705.2	Loss of Income & Extra Expense
CMP-4561.4	Policy Endorsement

#### Forms, Options and Endorsements:

CMP-4206.2	Amendatory Endorsement
CMP-4815	Dir & Officers \$2,000,000
CMP-4550	Residential Community Assoc
CMP-4508	Money and Securities
FE-3650	Actual Cash Value Endorsement

#### Coverages:

Business Liability	\$2,000,000
Medical Payments	\$10,000
Products-Completed Operations	\$4,000,000
General Aggregate	\$4,000,000

#### Coverage

Unless otherwise endorsed, this policy provides replacement cost coverage on described property and common areas detailed within the Association Covenants, Conditions, and Restrictions (CC&Rs) including the following types of property within a unit, regardless of ownership:

1. Fixtures, improvements and alterations that are a part of the building or structure; and
2. Appliances such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security or housekeeping.

Replacement cost coverage is subject to the terms and conditions of the policy and any endorsements.

Coverage under this policy may have been modified to provide actual cash value coverage rather than replacement cost coverage, or to remove specified property from coverage, if any endorsement containing in its title "ACV" or "Actual Cash Value," or "Additional Property Not Covered" is identified on this Certificate of Insurance.

Endorsements: FE-3650, FE-3653, FE-3658, and FE-3659 (Actual Cash Value) - These endorsements describe what the term "actual cash value" means where used in the policy. **However, these endorsements do not change any replacement cost coverage provided by the policy.**

This policy provides coverage on a standalone/individual condominium association.

#### Commercial General Liability

State Farm refers to this coverage as Business Liability Coverage. Coverage amount shown is Per Occurrence.

#### Loss of Rents, Loss of Income and Extra Expense

If this coverage is shown, limits are "Actual Loss Sustained". Contact the agent to confirm the number of day's coverage.

State Farm Fire and Casualty Company  
A Stock Company With Home Offices in Bloomington, Illinois  
Po Box 2915  
Bloomington IL 61702-2915

Named Insured

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

9L-20-2067-FC06 F M

RENEWAL DECLARATIONS

Policy Number	96-BR-T727-6	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 10 2025	JAN 10 2026
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.		

Entity: Corporation

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	Policy Premium	\$ 1,730.00
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	

\* New Form Attached Other limits and exclusions may apply - refer to your policy

## 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. Yauell*  
Secretary

*John J. Farney*  
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-6999.3

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