



3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

AT1 000204 3317 9L-20-2067-FC06 F M

EAGLES NEST PROPERTY
HOMEOWNERS 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 12 Months Effective Date JAN 10 2021 Expiration Date JAN 10 2022
The policy period begins and ends at 12:01 am standard time at your mailing address as shown.



ST-1
0102-1001

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-2206.1
Amendment of Who Is an Insured	CU-2384
Policy Endorsement	CU-2474.1

Policy Premium \$ 800.00

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

Continued on Reverse

CU-2000 Prepared NOV 13 2020
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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. Yawell
Secretary

Michael J. Lipnow
President



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

3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

AT2 001549 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



RENEWAL DECLARATIONS

Policy Number	96-GR-2865-2	<input checked="" type="checkbox"/>
Policy Period	Effective Date	Expiration Date
12 Months	JAN 10 2021	JAN 10 2022
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 \$ 11,006.00

Discounts Applied:
Renewal Year
Claim Record

RENEWAL DECLARATIONS (CONTINUED)

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

SECTION I - PROPERTY SCHEDULE

Location Number	Location of Described Premises	Limit of Insurance*	
		Coverage A - Buildings	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	Coverage B - Business Personal Property
001A	COMMUNITY CENTER	\$ 794,300	\$ 56,300
001B	DUMPSTER ENCLOSURE	\$ 18,900	See Prop Sch
001C	PLAYGROUND EQUIPMENT	\$ 44,900	See Prop Sch
001D	OPEN AIR PAVILLION	\$ 209,000	See Prop Sch
001E	IRRIGATION SYSTEM	\$ 16,200	See Prop Sch
001F	MANSONRY WALLS	\$ 51,400	See Prop Sch
001G	SIGN	\$ 23,000	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.



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: 215.6

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 12 2020
 CMP-4000

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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

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NOV 12 2020
CMP-4000

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

3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

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



INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-GR-2865-2	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 10 2021	JAN 10 2022
The policy period begins and ends at 12:01 am standard time at the premises location.		

ATTACHING INLAND MARINE

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.

Annual Policy Premium Included

The above Premium Amount is included in the Policy Premium shown on the Declarations.

Your policy consists of these Declarations, the INLAND MARINE CONDITIONS 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, Options, and Endorsements

FE-8739 Inland Marine Conditions
FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
NOV 12 2020
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT NUMBER	COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	ANNUAL PREMIUM
FE-8743.1	Inland Marine Computer Prop Loss of Income and Extra Expense	\$ 10,000 \$ 10,000	\$ 500	Included Included

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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NOV 12 2020
FD-6007

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**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

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RENEWAL DECLARATIONS (CONTINUED)

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

AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
Directors and Officers Aggregate	\$2,000,000

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.

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
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4206.1	Amendatory Endorsement
CMP-4830	Interior Building Damage
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
CMP-4860	AI Design Person Org
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached