

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for 620 PEARL CONDOMINIUM ASSN
Policy Number 96-GM-6441-5

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 | 620 W PEARL ST BOULDER CO 80302-5043 | \$ 1,886,300 | \$ 5,100 |

* 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: 233.8

SECTION I - DEDUCTIBLES

Basic Deductible \$10,000

Special Deductibles:

| | | | |
|----------------------|---------|---------------------|-------|
| Money and Securities | \$250 | Employee Dishonesty | \$250 |
| Equipment Breakdown | \$2,500 | | |

Other deductibles may apply - refer to policy.



RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for 620 PEARL CONDOMINIUM ASSN
 Policy Number 96-GM-6441-5

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 |
| Ordinance Or Law - Equipment Coverage | Included |
| Preservation Of Property | 30 Days |
| Water Damage, Other Liquids, Powder Or Molten Material Damage | Included |

Prepared
 FEB 22 2023
 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for 620 PEARL CONDOMINIUM ASSN
 Policy Number 96-GM-6441-5

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 | \$2,500 |
| Valuable Papers And Records | |
| On Premises | \$10,000 |
| Off Premises | \$5,000 |

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for 620 PEARL CONDOMINIUM ASSN
Policy Number 96-GM-6441-5

0309 ST--0001

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 | \$1,000,000 |
| Coverage M - Medical Expenses (Any One Person) | \$10,000 |
| Damage To Premises Rented To You | \$300,000 |
| Directors And Officers Liability | \$1,000,000 |
| AGGREGATE LIMITS | |
| 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.

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for 620 PEARL CONDOMINIUM ASSN
Policy Number 96-GM-6441-5

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-4561.4 *Policy Endorsement
- CMP-4206.2 *Amendatory Endorsement
- FE-6999.3 *Terrorism Insurance Cov Notice
- CMP-4815 Directors/Officers Endorsement
- CMP-4862 Building Ordinance or Law Cov
- CMP-4830 Interior Building Damage
- CMP-4705.2 Loss of Income & Extra Expnse
- CMP-4550 Residential Community Assoc
- CMP-4746.1 Hired Auto Liability
- CMP-4710 Employee Dishonesty
- CMP-4508 Money and Securities
- FE-3650 Actual Cash Value Endorsement
- CMP-4829 Guaranteed Replacement Cost
- FD-6007 Inland Marine Attach Dec
- * New Form Attached

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Mortgagee
Endorsement #: N/A
Loan Number: 1301244649

BSI FINANCIAL SERVICES
ISAOA/ATIMA
PO BOX 691690
SAN ANTONIO TX 78269-1690



RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for 620 PEARL CONDOMINIUM ASSN
Policy Number 96-GM-6441-5



0409-ST--0001

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

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverages and forms, please refer to your policy.
Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.
Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.
If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.
Please keep this with your policy.

Prepared
FEB 22 2023
CMP-4000

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Continued on Reverse Side of Page



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

Po Box 2915
 Bloomington IL 61702-2915

Named Insured

M-20-1372-FA65 F V

620 PEARL CONDOMINIUM ASSN
 INC
 C/O CREEKSIDE COMMUNITY
 ASSO MANAGEMENT
 PO BOX 325
 ELDORADO SPRG CO 80025-0325



INLAND MARINE ATTACHING DECLARATIONS

| | | |
|---|-----------------------|------------------------|
| Policy Number | 96-GM-6441-5 | |
| Policy Period | Effective Date | Expiration Date |
| 12 Months | APR 22 2023 | APR 22 2024 |
| The policy period begins and ends at 12:01 am standard time at the premises location. | | |

0509-ST--0001

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
 FEB 22 2023
 FD-6007

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State Farm Fire and Casualty Company
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 000131 3317 9L-20-1372-FA65 F M

620 PEARL CONDOMINIUM
ASSOCIATION INC
C/O CREEKSIDE COMMUNITY
PO BOX 325
ELDORADO SPG CO 80025-0325



RENEWAL DECLARATIONS

| | | |
|---|-----------------------|------------------------|
| Policy Number | 96-GM-6442-7 | |
| Policy Period | Effective Date | Expiration Date |
| 12 Months | APR 22 2023 | APR 22 2024 |
| 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) | \$ 1,000,000 |
| Coverage L - Business Liability (Annual Aggregate) | \$ 1,000,000 |
| Self-Insured Retention | \$ 10,000 |

Required Underlying Insurance Schedule

| Coverage | Required Underlying Insurance Schedule | 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-- | |
| Employers Non-Owned Auto Liability | Bodily Injury and Property Damage (Per Occurrence) | \$ 500,000 |
| | Bodily Injury and Property Damage (Annual Aggregate) | \$ 1,000,000 |
| Employers Non-Owned Auto Liability | --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 |
| *Amendatory Endorsement | CU-2206.2 |
| *Terrorism Insurance Cov Notice | FE-6999.3 |
| *Policy Endorsement | CU-2474.3 |
| Exclusion - Lead Poisoning | CU-2339 |
| Amendment of Who Is an Insured | CU-2384 |

Policy Premium \$ 195.00

* New Form Attached

Other limits and exclusions may apply - refer to your policy

Continued on Reverse

CU-2000 Prepared FEB 22 2023

BILL TUTT TUTTEROW
(303) 442-7736

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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. Tipton
President