

Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

AT2 M-20-1372-FA65 F V

SPRING CREEK HOMEOWNERS ASSN  
C/O CREEKSIDE COMMUNITY ASSO  
MANAGEMENT  
PO BOX 325  
ELDORADO SPRG CO 80025-0325

<b>Policy Number</b>	<b>96-37-9871-3</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	FEB 2 2024	FEB 2 2025
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**

BILL TUTT TUTTEROW  
3005 CENTER GREEN DR STE 240  
BOULDER CO 80301-6306

PHONE: (303) 442-7736

**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: CONDOMINIUM

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

POLICY PREMIUM	\$ 35,653.00
Disaster Mitigation	\$ 2.00
Total Amount	\$ 35,655.00

Discounts Applied:  
Renewal Year  
Multiple Unit  
Claim Record

Prepared  
DEC 05 2023  
CMP-4000

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN  
 Policy Number 96-37-9871-3

**SECTION I - PROPERTY BLANKET**

Coverage A - Buildings  
 Coverage B - Business Personal Property

Limit of Insurance\*  
 \$ 7,238,400  
 \$ 10,200

Location Number	Location of Described Premises
001	3318-3322 34TH ST BOULDER CO 80301-1908
002	3340-3344 34TH ST BOULDER CO 80301-1908
003	3507-3527 SPRING CREEK PL BOULDER CO BOULDER CO 80301-2048
004	3334-3338 34TH ST BOULDER CO 80301-1908
005	3310-3312 34TH ST BOULDER CO 80301-1908
006	3314-3316 34TH ST BOULDER CO 80301-1908
007	3405-3435 SPRING CREEK PL BOULDER CO BOULDER CO 80301-2047
008	3475-3495 SPRING CREEK PL BOULDER CO 80301-2047

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN**  
**Policy Number 96-37-9871-3**

Location Number	Location of Described Premises
009	3324-3332 34TH ST BOULDER CO 80301-1908
010	3535-3557 SPRING CREEK PL BOULDER CO 80301-2048
011	3565-3595 SPRING CREEK PL BOULDER CO BOULDER CO 80301-2048

**AUXILIARY STRUCTURES**

Location Number	Description
001A	Garage or Carport
001B	Fence, walls, etc.
001C	Recreation Building

\* 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: 261.2

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN  
 Policy Number 96-37-9871-3

**SECTION I - DEDUCTIBLES**

**Basic Deductible** \$10,000

**Special Deductibles:**

Wind/Hail	1%	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
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

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN  
 Policy Number 96-37-9871-3

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
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

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN  
 Policy Number 96-37-9871-3

**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)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$1,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
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.

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## RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN  
 Policy Number 96-37-9871-3

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.

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**FORMS AND ENDORSEMENTS**


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CMP-4100	Businessowners Coverage Form
CMP-4849	*Windstorm or Hail Deductible
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4815	Directors/Officers Endorsement
CMP-4206.2	Amendatory Endorsement
CMP-4830	Interior Building Damage
CMP-4829	Guaranteed Replacement Cost
CMP-4862	Building Ordinance or Law Cov
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
FE-3650	Actual Cash Value Endorsement
CMP-4561.4	Policy Endorsement
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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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. Yourell*  
 Secretary

*Michael F. Tipton*  
 President

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**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for SPRING CREEK HOMEOWNERS ASSN**  
**Policy Number 96-37-9871-3**

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**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.

**Your coverage amount....**

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc.<sup>®</sup> using information you provide about your structure. We can accept the type of estimate you choose as long as it provides a reasonable level of detail about your structure. State Farm<sup>®</sup> does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.

Colorado law requires that we provide the following information to you:

In addition to other allowable reasons for which your policy premium may have been adjusted upward or downward from your prior renewal, your premium increased due to the following:

An increase in the estimated cost of anticipated claims and expenses for State Farm's commercial multi-peril business in Colorado.

A reduction in the Age of Building discount or increase in the Age of Building charge owing to an increase in the age of each building insured.

Please contact your State Farm agent if you have any questions about your policy.

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Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

M-20-1372-FA65 F V

SPRING CREEK HOMEOWNERS ASSN  
C/O CREEKSIDE COMMUNITY ASSO  
MANAGEMENT  
PO BOX 325  
ELDORADO SPRG CO 80025-0325

**INLAND MARINE ATTACHING DECLARATIONS**

<b>Policy Number</b>	<b>96-37-9871-3</b>	
<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	FEB 2 2024	FEB 2 2025
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

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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

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OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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FD-6007

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**IMPORTANT NOTICE****Regarding Changes to Your Policy**

**CMP-4849 Windstorm Or Hail Deductible** is added to your State Farm® policy because the Covered Property is determined to be located in a Significant, Very Significant or Extreme hail risk area.

The following changes to your policy are effective with this policy term:

- **SECTION I – DEDUCTIBLES**

- A special Windstorm Or Hail deductible applies to accidental direct physical loss to Covered Property caused by windstorm or hail. The Windstorm Or Hail deductible is a percentage (%) of the Limit Of Insurance applicable to the Covered Property that has sustained loss. This deductible amount may be greater than the Basic Deductible. The Basic Deductible still applies to all other property damage losses.
- The Windstorm Or Hail deductible is calculated separately for, and applies separately to, each covered building that sustains loss and the Business Personal Property at each building at which there is loss to Business Personal Property.
- If there is damage to both a covered building and Business Personal Property in that building, separate deductibles apply to the covered building and to the Business Personal Property.
- However, after such calculations, we will not deduct less than the Basic Deductible.

See the endorsement for specific provisions.

The endorsement follows this notice. Please read the endorsement and place it with your policy. If you have any questions, please contact your State Farm agent.

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*DISCLAIMER: This notice only provides a general summary of changes to your State Farm policy. This notice is not a statement of contract. This notice does not change, modify, or invalidate the provisions, terms, or conditions as set forth in your State Farm policy booklet, the most recently issued declarations, and any applicable endorsements.*

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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**CMP-4849 WINDSTORM OR HAIL DEDUCTIBLE**

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This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM**

The following is added to **SECTION I – DEDUCTIBLES**:

- a. A special Windstorm Or Hail deductible applies to accidental direct physical loss to Covered Property caused by windstorm or hail.
- b. We will pay only the amount of loss in excess of the amount determined by applying the Windstorm Or Hail deductible percentage (%) shown in the Declarations to the Limit Of Insurance applicable to the Covered Property that has sustained loss as shown in the Declarations. If coverage is written on a blanket basis, the amount we pay will be determined by applying the Windstorm Or Hail deductible percentage (%) shown in the Declarations to the risk amount shown in our records as of the most recent Declarations applicable to the Covered Property that has sustained loss.
- c. The Windstorm Or Hail deductible is calculated separately for, and applies separately to:
  - (1) Each covered building that sustains loss;
  - (2) The Business Personal Property at each building at which there is loss to Business Personal Property.
 If there is damage to both a covered building and Business Personal Property in that building, separate deductibles apply to the covered building and to the Business Personal Property.

We will not deduct less than the Basic Deductible shown in the Declarations under **SECTION I – DEDUCTIBLES**.

CMP-4849

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(CONTINUED)

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**

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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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# One login, access to all your accounts

## Follow these easy steps:

- Log in to [statefarm.com/onelogin](https://statefarm.com/onelogin) using your personal ID and password
- To find your business or organizational account, select "Switch account" under your name

*Don't see "Switch account"?  
Contact your agent.*

## Take care of business

- Pay a bill
- Access accounts through the State Farm® mobile app
- Get policy documents or a Certificate of Insurance (COI)
- Contact your agent

## Need help?

Use your smartphone to scan this QR code for detailed instructions.



