



Po Box 888854
Dunwoody, GA 30356-0854

Named Insured

AT2 005206 3125 M-20-2754-FA65 F V
YARMOUTH WAY CONDOMINIUM
ASSOCIATION INC
ATTN: CREEKSIDE CAM
PO BOX 325
ELDORADO SPRG CO 80025-0325



Policy Number 96-EH-N191-0

Policy Period 12 Months
Effective Date MAY 31 2022
Expiration Date MAY 31 2023
The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address
ROBERT ERBEN INS AGCY INC
2342 BROADWAY ST
BOULDER CO 80304-4107

PHONE: (303) 444-0490

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: Corporation

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

POLICY PREMIUM	\$ 26,785.00	Sprinkler Claim Record
Disaster Mitigation	\$ 2.00	
Total Amount	\$ 26,787.00	
Discounts Applied: Protective Devices Age of Building Multiple Unit		

Prepared
APR 04 2022
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
Policy Number 96-EH-N191-0

SECTION I - PROPERTY BLANKET

Coverage A - Buildings
Coverage B - Business Personal Property

Limit of Insurance*
\$ 5,633,900
No Coverage

Location Number	Location of Described Premises
001	4602 16TH ST BOULDER CO 80304-2372
002	4622 16TH ST BOULDER CO 80304-2372
003	1609 YARMOUTH AVE BOULDER CO 80304-0501
004	4612 16TH ST BOULDER CO 80304-2372
005	4614 16TH ST BOULDER CO 80304-2372
006	4616 16TH ST BOULDER CO 80304-2372
007	4618 16TH ST BOULDER CO 80304-2372
008	4620 16TH ST BOULDER CO 80304-2372

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
 Policy Number 96-EH-N191-0

Location Number	Location of Described Premises
009	4609 17TH ST BOULDER CO 80304-0502
010	4617 17TH ST BOULDER CO 80304-0502
011	4624 16TH ST BOULDER CO 80304-2309
012	4628 16TH ST BOULDER CO 80304-2372
013	4630 16TH ST BOULDER CO 80304-2322

AUXILIARY STRUCTURES

Location Number	Description
001A	Fence, walls, etc.
005A	Garage or Carport
007A	Garage or Carport
008A	Garage or Carport
009A	Garage or Carport
012A	Garage or Carport

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

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 APR 04 2022
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Page 3 of 9

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
Policy Number 96-EH-N191-0

SECTION I - INFLATION COVERAGE INDEX(ES)

Inflation Coverage Index: 224.6

SECTION I - DEDUCTIBLES

Basic Deductible \$25,000

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

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
 Policy Number 96-EH-N191-0

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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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
Policy Number 96-EH-N191-0

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	\$75,000
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

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
Policy Number 96-EH-N191-0

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.

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-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4206.1	Amendatory Endorsement
FE-3650	Actual Cash Value Endorsement
CMP-4561.1	Policy Endorsement
CMP-4705.2	Loss of Income & Extra Expnse
CMP-4508	Money and Securities
CMP-4815	Directors/Officers Endorsement
CMP-4710	Employee Dishonesty
CMP-4829	Guaranteed Replacement Cost
CMP-4860	AI Design Person Org
CMP-4769	Addl Condo Prop Not Covered
FD-6007	Inland Marine Attach Dec
	* New Form Attached

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Continued on Reverse Side of Page

Page 7 of 9

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for YARMOUTH WAY CONDOMINIUM
Policy Number 96-EH-N191-0

SCHEDULE OF ADDITIONAL INTERESTS

Interest Type: Addl Insured-Section II
Endorsement #: CMP4860
Loan Number: N/A

CREEKSIDE COMMUNITY
ASSOCIATION MANAGEMENT
PO BOX 325
ELDORADO SPRG CO 800250325

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. Younell
Secretary

Michael F. Tignor
President

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APR 04 2022
CMP-4000

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A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 000207 3317 9L-20-2754-FA65 F M
YARMOUTH WAY CONDOMINIUM
ASSOCIATION INC
ATTN: CREEKSIDE CAM
PO BOX 325
ELDORADO SPRG CO 80025-0325



Entity: Corporation

RENEWAL DECLARATIONS

Policy Number	96-EH-N194-6	
Policy Period	Effective Date	Expiration Date
12 Months	MAY 31 2023	MAY 31 2024
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 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
Employers Non-Owned Auto Liability	Bodily Injury and Property Damage (Annual Aggregate) \$ 1,000,000
	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
*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 \$ 1,025.00

* New Form Attached

Other limits and exclusions may apply - refer to your policy

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CU-2000 Prepared
0734 299 I MAR 31 2023

ROBERT ERBEN INS AGCY INC
(303) 444-0490

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Required Underlying Insurance Schedule

Minimum Underlying Limits

Coverage

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

Limits of Insurance

Coverage(s)

Coverage L - Business Liability (Each Occurrence)
Coverage L - Business Liability (Annual Aggregate)

\$ 10,000

Self-Insured Retention

Required Underlying Insurance Schedule

Coverage

Business Liability
Bodily Injury (Each Occurrence)
Bodily Injury (Annual Aggregate)
Property Damage (Each Occurrence and Annual Aggregate)\$ 500,000
\$ 1,000,000
\$ 100,000

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. Yauwell
Secretary

Michael J. Tipton
President

1,025.00

Policy Premium

CU-2100
CU-2206
CU-2209
CU-2210
CU-2211
CU-2212Forms & Endorsements
Commercial Auto Coverage Form
Commercial Liability Coverage Form
Commercial Umbrella Coverage Form
Policy Endorsement
Exclusion - Loss Prevention
Amendment of Writ of Attachment

Other limits and exclusions may apply - refer to your policy

New Form Added

Continued on Reverse