



STATE FARM FIRE AND CASUALTY COMPANY  
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS  
1000 BROADWAY, BLOOMINGTON, ILLINOIS 61710-1000

Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

AT2 M-15-394B-FC00 F V  
001591 3125  
TIMBERLINE RIDGE HOMEOWNERS  
ASSOCIATION  
704 228TH AVE NE APT 253  
SAMMAMISH WA 98074-7222



0106-ST-1-1001

**RENEWAL DECLARATIONS**

**Policy Number** 98-E3-6843-4

<b>Policy Period</b>	<b>Effective Date</b>	<b>Expiration Date</b>
12 Months	JAN 1 2026	JAN 1 2027
The policy period begins and ends at 12:01 am standard time at the premises location.		

**Agent and Mailing Address**  
NICOLE M LAMPHIER  
2725 152ND AVE NE  
REDMOND WA 98052-5552

**PHONE:** (425) 882-3155

**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.

For further information concerning this policy, contact your agent or State Farm office.

Your premium has increased by a minimum of 10%.

Policy number: 98-E3-6843-4

Decided by Agent:

Decided by Agent:</



**RENEWAL DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for TIMBERLINE RIDGE HOMEOWNERS**

**Policy Number 98-E3-6843-4**

0003-ST-1-1001



Your policy consists of these Declarations, the BUSINESS OWNERS COVERAGE FORM shown below, and any other forms and endorsements that may apply. Noting these shown below as well as those issued subsequent to issuance of this policy.

**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**

Back-Up of Sewer or Drain  
Employee Dishonesty  
Loss Of Income And Extra Expense

Business Owners Coverage Form	CMP-4103
*Automobile Liability	FE-38003
Director & Officer Liability	CMP-4118
Automobile Endorsement	CMP-4125
Employee Liability	CMR-4102
Residential Community Association	CMR-4103
Business Auto Liability	CMR-4104
Employee Disobedience	CMR-4105
Business Auto Extra Expense	CMR-4106
Actual Loss Sustained - 12 Months	\$25,000
Loss of Income & Extra Expenses	CMP-4108
Master Damage Deductible	CMP-4123
Assignment of Premiums	CMP-4125
Policy Endorsement	CMR-4104
Actual Loss Sustained Extra Expenses	CMR-4105
Business Auto Extra Expense	CMR-4106
Actual Loss Sustained - 12 Months	\$25,000
Business Auto Extra Expenses	CMR-4107
Business Auto Extra Expense	CMR-4108
Business Auto Extra Expenses	CMR-4109
Business Auto Extra Expenses	CMR-4110
Business Auto Extra Expenses	CMR-4111
Business Auto Extra Expenses	CMR-4112
Business Auto Extra Expenses	CMR-4113
Business Auto Extra Expenses	CMR-4114
Business Auto Extra Expenses	CMR-4115
Business Auto Extra Expenses	CMR-4116
Business Auto Extra Expenses	CMR-4117
Business Auto Extra Expenses	CMR-4118
Business Auto Extra Expenses	CMR-4119
Business Auto Extra Expenses	CMR-4120
Business Auto Extra Expenses	CMR-4121
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Business Auto Extra Expenses	CMR-4399
Business Auto Extra Expenses	CMR-4400

**AGGREGATE LIMITS**

Products/Completed Operations Aggregate	\$10,000,000
General Aggregate	\$10,000,000
Directors and Officers Aggregate	\$5,000,000

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.

Prepared  
NOV 10 2025  
CMP-4000  
In a timely manner, the State Farm and General Casualty Companies shall cause this policy to be delivered to the named insured.  
009894 294  
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