



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 001885 3125 M-15-0009-FC00 F V
TIMBERLINE RIDGE HOMEOWNERS
ASSOCIATION
704 228TH AVE NE APT 253
SAMMAMISH WA 98074-7222



0107-ST-1-1001



RENEWAL DECLARATIONS

Policy Number	98-E3-6843-4	
Policy Period	Effective Date	Expiration Date
12 Months	JAN 1 2024	JAN 1 2025
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.

Prepared
NOV 07 2023
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for TIMBERLINE RIDGE HOMEOWNERS
Policy Number **98-E3-6843-4**



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.

0307-ST-1-1001

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	\$5,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$5,000,000

AGGREGATE LIMITS	LIMIT OF INSURANCE
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.

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