

STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

000535 3123 SOUTHWICKE TOWNHOMES ASSOCIATION 2602 SW WESTWINDS BLVD M-06-2AE0-FA14 F V



իվիսկյունիկրիկնիսիսիականիններնություն

DECLARATIONS AMENDED SEP 26 2025

Policy Number 95-C3-P360-8

Policy Period Effective Date MAY 31 2025 12 Months

Expiration Date MAY 31 2026

The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address 2217 BEAVER AVE DES MOINES IA 50310-3959

PHONE: (515) 277-6331

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

Reason for Declarations: Your policy is amended SEP 26 2025

INSURED NAME AND/OR ADDRESS CHANGE

Endorsement Premium

None

Discounts Applied: Multiple Unit Claim Record

Prepared SEP 29 2025 CMP-4000

003591 290

530-886 a.2 05-31-2011 (o1f3231c)



Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8

SECTION I - PROPERTY BLANKET

Coverage A - Buildings Coverage B - Business Personal Property Limit of Insurance* \$ 13,257,800 No Coverage

Location Number	Location of Described Premises
001	4400 EP TRUE PWKY #1-5 WEST DES MOINES IA 50265-5690
002	4400 EP TRUE PWKY #6-8 WEST DES MOINES IA 50265-5689
003	4400 EP TRUE PWKY #9-12 WEST DES MOINES IA 50265-5644
004	4400 EP TRUE PWKY #13-16 WEST DES MOINES IA 50265-5644
005	4400 EP TRUE PWKY #17-21 WEST DES MOINES IA 50265-5644
006	4400 EP TRUE PWKY #22-27 WEST DES MOINES IA 50265-5644
007	4400 EP TRUE PWKY #28-31 WEST DES MOINES IA 50265-5644
008	4400 EP TRUE PWKY #32-35 WEST DES MOINES IA 50265-5644



Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8



	Location Number	Location of Described Premises				
	009	4400 EP TRUE PWKY #36-41 WEST DES MOINES IA 50265-5644				
,	010	4400 EP TRUE PWKY #42-45 WEST DES MOINES IA 50265-5644				
	011	4400 EP TRUE PWKY #46-51 WEST DES MOINES IA 50265-5644				
1	012	4400 EP TRUE PWKY #52-56 WEST DES MOINES IA 50265-5644				
	013	4400 EP TRUE PWKY #57-59 WEST DES MOINES IA 50265-5644				
	014	4400 EP TRUE PWKY #60-63 WEST DES MOINES IA 50265-5644				
	015	4400 EP TRUE PWKY #64-67 WEST DES MOINES IA 50265-5644				
	016	4400 EP TRUE PWKY #68-71 WEST DES MOINES IA 50265-5644				
-1						

^{*} 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:

236.0

Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8

SECTION I - DEDUCTIBLES

Basic Deductible

\$10,000

Special Deductibles:

Wind/Hail

2%

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



Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8

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

ST-

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 Off Premises	\$50,000 \$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 Off Premises	\$10,000 \$5,000

Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8

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	\$100,000
Loss Of Income And Extra Expense	Actual Loss Sustained - 12 Months

SECTION II - DEDUCTIBLES

Business Liability - Property Damage \$5,000 Other deductibles may apply - refer to policy.

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



Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8

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
CMP-4550	Residential Community Assoc
FE-6999.3	Terrorism Insurance Cov Notice
CMP-4746.1	Hired Auto Liability
CMP-4215.2	Amendatory Endorsement
FE-3650	Actual Cash Value Endorsement
CMP-4561.5	Policy Endorsement
CMP-4705.2	Loss of Income & Extra Expense
CMP-4508	Money and Securities
CMP-4814	Directors & Officers Liability
CMP-4710	Employee Dishonesty
CMP-4849	Windstorm or Hail Deductible
CMP-4701	Addl Property Not Covered
FE-1401	Exclusion Cyber Incident
CMP-4532	Exclusion Cyber Incident
FD-6007	Inland Marine Attach Dec

Residential Community Association Policy for SOUTHWICKE TOWNHOMES Policy Number 95-C3-P360-8

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.

Mukell Mancias Secretary

President



STATE FARM FIRE AND CASUALTY COMPANY

A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS INLAND MARINE ATTACHING DECLARATIONS

Po Box 2915 Bloomington IL 61702-2915

Named Insured

M-06-2AE0-FA14 F V

SOUTHWICKE TOWNHOMES **ASSOCIATION** 2602 SW WESTWINDS BLVD 50023-9554

Policy Number 95-C3-P360-8

Effective Date MAY 31 2025 **Policy Period** Expiration Date MAY 31 2026 The policy period begins and ends at 12:01 am standard time at the premises location.

12 Months



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 FE-8743.1 Inland Marine Conditions

Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared SEP 29 2025 FD-6007

© Copyright, State Farm Mutual Automobile Insurance Company, 2008 Includes copyrighted material of Insurance Services Office, Inc., with its permission.

ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

ENDORSEMENT	COVERAGE		LIMIT OF		CTIBLE	ANNUAL	
NUMBER			INSURANCE		NT	PREMIUM	
FE-8743.1	Inland Marine Computer Prop Loss of Income and Extra Expense	\$	10,000 10,000	\$	500	Included Included	

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY-

Prepared SEP 29 2025 FD-6007