

Po Box 2915
Bloomington IL 61702-2915

Named Insured

AT2 001546 3125 M-20-1817-FAF1 F V
OAKRIDGE VILLAGE II ASSOC INC
PO BOX 271153
FORT COLLINS CO 80527-1153

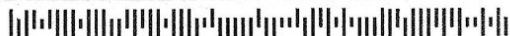


Policy Number 96-C2-3181-2

Policy Period 12 Months Effective Date MAY 15 2025 Expiration Date MAY 15 2026
The policy period begins and ends at 12:01 am standard time at the premises location.

Agent and Mailing Address
MARY BIGGERS
1318 S COLLEGE AVE
FORT COLLINS CO 80524-4174

PHONE: (970) 493-9336



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: HOMEOWNERS ASSOCIATION

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

POLICY PREMIUM	\$ 1,209.00
Disaster Mitigation	\$ 2.00
Total Amount	\$ 1,211.00

Discounts Applied:
Renewal Year
Claim Record

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This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	5200 MC MURRAY DR FORT COLLINS CO 80525-5527

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 OAKRIDGE VILLAGE II ASSOC INC
Policy Number 96-C2-3181-2



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-4561.5	*Policy Endorsement
CMP-4532	*Exclusion Cyber Incident
FE-6999.3	*Terrorism Insurance Cov Notice
CMP-4815	Directors/Officers Endorsement
CMP-4206.2	Amendatory Endorsement
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
FE-3650	Actual Cash Value Endorsement
	* New Form Attached

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.

Muchelle Mancias
Secretary

John Farney
President

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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.[®] 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[®] 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.

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

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