



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 M-20-2881-FC06 F V
002690 3125
POWDERVIEW DUPLEX ASSOCIATION
C/O P R PROPERTY MANAGEMENT
350 COUNTRY CLUB DR UNIT 110A
CRESTED BUTTE CO 81224-9500



RENEWAL DECLARATIONS

Policy Number	96-14-7644-1	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 26 2025	FEB 26 2026
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
CHRIS CROWN
300 N MAIN ST
GUNNISON CO 81230-2404
PHONE: (970) 641-1407

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: CONDO

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

POLICY PREMIUM	\$ 11,962.00
Disaster Mitigation	\$ 2.00
Total Amount	\$ 11,964.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
DEC 30 2024
CMP-4000

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Continued on Reverse Side of Page

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for POWDERVIEW DUPLEX ASSOCIATION
Policy Number 96-14-7644-1

SECTION I - PROPERTY BLANKET

Coverage A - Buildings
Coverage B - Business Personal Property

Limit of Insurance*
\$ 3,050,200
No Coverage

Location Number	Location of Described Premises
001	SKYLAND FILING TRACT 1 UT 3/4 CRESTED BUTTE CO 81225
002	SKYLAND FILING TRACT 1 UT 5/6 CRESTED BUTTE CO 81225

* 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: 264.9

SECTION I - DEDUCTIBLES

Basic Deductible \$5,000

Special Deductibles:

Money and Securities \$250 Employee Dishonesty \$250

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for POWDERVIEW DUPLEX ASSOCIATION
Policy Number 96-14-7644-1

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

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for POWDERVIEW DUPLEX ASSOCIATION
 Policy Number 96-14-7644-1

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
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

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for POWDERVIEW DUPLEX ASSOCIATION
Policy Number 96-14-7644-1



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	\$25,000
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
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$2,000,000
General Aggregate	\$2,000,000

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.

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for POWDERVIEW DUPLEX ASSOCIATION
 Policy Number 96-14-7644-1

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-4830	Interior Building Damage
CMP-4206.2	Amendatory Endorsement
CMP-4829	Guaranteed Replacement Cost
CMP-4550	Residential Community Assoc
CMP-4746.1	Hired Auto Liability
CMP-4710	Employee Dishonesty
CMP-4508	Money and Securities
CMP-4705.2	Loss of Income & Extra Expnse
FE-3650	Actual Cash Value Endorsement
CMP-4561.4	Policy Endorsement
FD-6007	Inland Marine Attach Dec
	* 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.

Michelle Mancias
 Secretary

Scott Farney
 President

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 CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for POWDERVIEW DUPLEX ASSOCIATION
Policy Number 96-14-7644-1



1000-10-0000

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.

A reduction in the Age of Building discount or increase in the Age of Building charge owing to an increase in the age of each building insured.

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

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STATE FARM FIRE AND CASUALTY COMPANY
A STOCK COMPANY WITH HOME OFFICES IN BLOOMINGTON, ILLINOIS

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-20-2881-FC06 F V

POWDERVIEW DUPLEX ASSOCIATION
C/O P R PROPERTY MANAGEMENT
350 COUNTRY CLUB DR UNIT 110A
CRESTED BUTTE CO 81224-9500

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-14-7644-1	
Policy Period	Effective Date	Expiration Date
12 Months	FEB 26 2025	FEB 26 2026
The policy period begins and ends at 12:01 am standard time at the premises location.		

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 Inland Marine Conditions
- FE-8743.1 Inland Marine Computer Prop

See Reverse for Schedule Page with Limits

Prepared
DEC 30 2024
FD-6007

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ATTACHING INLAND MARINE SCHEDULE PAGE

ATTACHING INLAND MARINE

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

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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DEC 30 2024
FD-6007

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In accordance with the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019, this disclosure is part of your policy.

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is not excluded from your policy. However your policy does contain other exclusions which may be applicable, such as an exclusion for nuclear hazard. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under this policy, any covered losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. Under the formula, the United States Government generally reimburses 80% beginning on January 1,

2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

There is no separate premium charged to cover insured losses caused by terrorism. Your insurance policy establishes the coverage that exists for insured losses. This notice does not expand coverage beyond that described in your policy.

THIS IS YOUR NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER YOUR POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE YOUR COVERAGE.

FE-6999.3

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State Farm



STATE FARM FIRE AND CASUALTY COMPANY

Po Box 2915
Bloomington IL 61702-2915

M-20- 2881-FC06

V F

002690 3125
POWDERVIEW DUPLEX ASSOCIATION
C/O P R PROPERTY MANAGEMENT
350 COUNTRY CLUB DR UNIT 110A
CRESTED BUTTE CO 81224-9500



ST-
0101-0001

BALANCE DUE NOTICE



POLICY NUMBER 96-14-7644-1
Residential Community Association Policy

DATE DUE	PLEASE PAY THIS AMOUNT
SEE NOTE	SEE NOTE

Full payment by Date Due continues this policy to FEB 26 2026

PREMIUM	\$	11,962.00
DISASTER MITIGATION	\$	2.00

Location:

Important Message(s)

NOTE:
Do not pay. Payment is being
made through State Farm Payment
Plan. Account # 1816923758

Agent CHRIS CROWN
Telephone (970) 641-1407

17 2562 0233

See reverse for important information.
Please keep this part for your record.
Prepared DEC 30 2024

↓ Please fold and tear here ↓

MOVING? PLEASE SEE YOUR STATE FARM AGENT.

M-2881-FC06

INSURED POWDERVIEW DUPLEX ASSOCIATION

POLICY NUMBER 96-14-7644-1 CONDOMINIUM

PLEASE RETURN THIS PART WITH YOUR
CHECK MADE PAYABLE TO STATE FARM

DATE DUE	PLEASE PAY THIS AMOUNT
SEE NOTE	SEE NOTE

2009503281

(01f3092a)

(01f3091j)

For office use only

1801

M 18645

Prepared: DEC 30 2024
94 1

FIRE BAL DUE

0328

200508700000000 996641447644102520>

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-08-2007 (o1f3096a)

For Office Use Only

