State Farm Companies
State Farm Billing

P.O. Box 52251
Phoenix, AZ 85072-2251

AT2 012829 1100 04
POWDERVIEW DUPLEX ASSOC
350 COUNTRY CLUB DR STE 110-A
CRESTED BUTTE CO 81224-9500

ST-1
0103-1000

Account holder: **POWDERVIEW DUPLEX ASSOC**
Billing account: **181-6923-758**

Review your updates

You have a new billing account number as of this bill. See details on back.

View the Fees section in your Billing and Payment Agreement for new changes around returned and late payment fees.

Your agent is here to help

Chris Crown
Email: chris.crown.vacbta@statefarm.com
Phone: 970-641-1407

Your current bill

Business Lines	$0.00
Total due	**$0.00**

Thank you for being our customer

Get your policy details on the back:

- Policy changes, if applicable
- Payment schedules
- Policy terms
- Important messages and more

Prepared: January 5, 2024
1009800

↓Please fold and tear below portion to be included with your payment↓

2020 154007 220 05-30-2023

Ways to Pay
Key code: 9945693454

Online	Mobile	Call	Mail	Agent
statefarm.com/pay	State Farm mobile app	1-800-440-0998	Send us a check	Visit or call 970-641-1407

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 When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your financial account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

If you have moved, please contact your agent.

Make check payable to ***State Farm***

Account holder: **POWDERVIEW DUPLEX ASSOC**
Billing account: **181-6923-758**
Total due: $0.00
Payment must be received by January 26, 2024 to avoid late fees.

STATE FARM INSURANCE
PO BOX 680001
DALLAS TX 75368-0001

For office use only

Bill Notice	$0.00	0217

000404800000000 500181692375811320>

Your Updates

- If you pay by mail, in office, online or have setup State Farm AutoPay, do nothing. You're set!
- If your bill is paid through a bank or financial institution, give them your new billing account number so you won't be late or miss any payments.
- You currently pay your bill on a quarterly schedule. With your new billing account, your due dates may change. For each policy, your payment will be due the first month your policy renews and every three months after that.
- We mailed this bill to you, switch to paperless at statefarm.com/paperless.
- Changes and payments made after January 5, 2024, will be shown on your next billing notice.

Business Lines Policy Details

Policy: 96-14-7644-1

Policy type: Residential Community Association
Description: Skyland Filing Tract 1 Ut 3/4
Skyland Filing Tract 1 Ut 5/6

Term: 02/26/2023 - 02/26/2024
Payment schedule: Quarterly

Effective Date	New Activity
N/A	No new activity for this policy.

Premium installment: $0.00

Estimated Next Bill

Disclaimer: This amount is only an estimate based on available information at this time. Any information changes, payment activity or renewals processed after January 5, 2024 may alter the amount shown in the forecast.

February 26

$2,342.50

State Farm® Billing and Payment Agreement

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1. By paying the amount owed for an insurance policy(ies) or completing the Automated Payments Authorization, you agree to the terms and conditions of the Billing and Payment Agreement (hereafter referred to as "Agreement"), as set forth herein.

2. This Agreement is between you and State Farm Mutual Automobile Insurance Company, its subsidiaries or affiliate insurers (hereafter collectively referred to as "State Farm") that have issued an insurance policy(ies) for which premium has been paid, an attempted payment is made but is returned or the Automated Payments Authorization has been completed. This Agreement addresses the payment of premiums on State Farm insurance policy(ies). It may alter the obligation to pay the full premium(s) owed at the inception or prior to renewal of the State Farm policy(ies) should you choose to pay by installments. This Agreement is *not* an insurance application. This Agreement is intended to continue for as long as there are policies issued by State Farm and does not otherwise amend the provisions of those policies.

3. To change your payment frequency and/or method of payment, contact your State Farm agent or visit your Customer Profile and Preferences on statefarm.com. At any time, you can view your next bill amount on the State Farm mobile app or by logging into your State Farm account.

4. Failure to pay according to the terms of this Agreement does not relieve you or anyone else of their obligation to pay premiums due on the State Farm insurance policy(ies). The State Farm insurance policy(ies) must be cancelled pursuant to the policy's terms and conditions to relieve you or anyone else of their obligation to pay premiums not already paid and earned by State Farm.

5. Payment Frequency

   If the option to pay by installments is chosen for a policy(ies), State Farm agrees to accept installment premium payments rather than the full premium for the entire term of the insurance policy(ies) at inception or prior to renewal of the policy(ies) as otherwise required. Available installment payment frequency options may include paying monthly (payment/deduction/charge every month), paying half on a six-month policy or quarterly on a twelve-month policy (payment/deduction/charge every three months), or paying half on a twelve-month policy (payment/deduction/charge every six months).

   In addition to paying by installments, you may also choose to pay the entire premium owed for a policy in full at the inception and prior to each renewal pursuant to the policy provisions on a six-month policy (payment/deduction/charge every six months) or pay in full at the inception and prior to each renewal pursuant to the policy provisions on a twelve-month policy (payment/deduction/charge every twelve months).

   Policies being paid by installments or in full may be on the same Billing Account.

   If paying by installments, you may choose the date of the month your payment is due or date of your recurring deduction/charge, as applicable. For automated payments, the date of an actual recurring deduction/charge may vary based on the processing times of the authorized financial institution, holidays, and weekends, and will be initiated on the last business day of the month a payment is due when that month does not have a 29th, 30th or 31st day and one of those days is your chosen recurring pay date. For payment by check, a payment is due on the last day of the month when that month does not have a 29th, 30th or 31st day and one of those days is your chosen pay date.

In the event of a change made during the policy term that requires additional premium to be paid prior to the next scheduled recurring payment, a non-recurring periodic payment is required. State Farm may send a billing notice at least ten days in advance of the due date of any such non-recurring periodic payment. If you have authorized automated payments, the date of the actual deduction/charge for this non-recurring periodic payment may vary based on the processing times of the authorized financial institution, holidays, and weekends.

This non-recurring periodic payment is in addition to the scheduled recurring payments and does not replace or remove the next scheduled payment.

Continuing coverage depends on you paying the full amount(s) of the billed premium amount(s) and any applicable fees as required by this Agreement.

Your selected payment frequency and chosen payment date (if applicable) for each policy will be set forth on a billing notice.

You authorize State Farm to initiate credit entries (deposits) into your designated financial account for refunds, claim payments or dividend payments rather than issuing a paper check payable to you. Until written notice to State Farm directing otherwise, your authority to electronically initiate credit entries will remain in effect until State Farm and the relevant depository institution have had reasonable opportunity to process your written notification.

You agree to accept electronic payment(s) for payments made pursuant to the insurance policy terms. You acknowledge the financial account may not be an account held by all parties with rights to receive payments under the policy. To the extent the account is not jointly owned by all parties, you agree electronic payment transmission to the selected financial account is a satisfactory method and manner for payment.

You further authorize debits or credits to the financial account resulting from reversing entries to correct erroneous transactions. You agree State Farm is not responsible for any loss or delay due to the submission of erroneous information. You understand the date of the actual payment may vary based on the processing times of the financial institution.

6. A "Billing Account" will be established with a unique account number. Your Billing Account is not a financial or banking account. All policies on a Billing Account are required to be paid on the same date and with the same payment method. A Billing Account does not provide credit or hold monetary value or create a consumer transaction.

7. Fees

   Late Payments:

   If your full payment is not received by the Due Date on your bill, you agree to pay a late payment fee of $10, except in the following states in which no late fee has been implemented: Kentucky.

   Returned payments:

   If your payment is rejected by your financial institution for nonsufficient funds or a declined debit/credit charge, you agree to pay a return payment fee of $25 for residents in all states, except it is $20 for residents of Colorado, Connecticut, Idaho, Indiana, New York and Utah; $15 for residents of Florida and Nebraska; and $10 for residents of Massachusetts.

8. Payment Allocation.

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A payment made in response to a billed amount on a Billing Account will be applied until the payment is exhausted in the following order, except in Maryland and Wyoming in which a payment will be applied to outstanding and current amounts owed and then applicable fees:

a. Any applicable fee owed;
b. To the oldest outstanding amount(s) owed;
c. To current amount(s) owed;
d. To future installments as a premium credit.

If a cancellation notice has been sent for a policy due to non-payment of premium, the amount due on the cancellation notice will not be included on subsequent billing notices.

Any full or partial payment mailed on a policy under cancellation notice without the remittance slip from the cancellation notice will be applied to policies remaining on a Billing Account pursuant to the above appropriate allocation method. The full or partial payment will not be applied to the policy under cancellation notice and coverage will terminate if an acceptable full payment is not made before the cancellation effective date.

If a full payment on a policy under cancellation notice is made by mail with the remittance slip from the cancellation notice, the full payment will be applied in accordance with the policy provisions and cancellation notice.

If a partial payment on a policy under cancellation notice is made by mail with the remittance slip from the cancellation notice, the partial payment amount will be returned, as full payment is needed. Coverage will terminate for the policy under cancellation notice and coverage will terminate if an acceptable full payment is not made before the cancellation effective date.

For purposes of this paragraph 8, "full payment" means a payment amount equaling the amount indicated as being owed on the issued cancellation notice.

For purposes of this paragraph 8, "partial payment" means a payment amount less than the amount indicated as being owed on the issued cancellation notice.

For purposes of this paragraph 8, "remittance slip" means the portion of the cancellation notice that indicates it needs to be removed and returned to State Farm with the full payment.

Payments are processed in Eastern Time.

9. Premium Credit.

If a premium credit is generated on a policy, the credit will first be applied against the future amount owed on the policy. If credit remains after applying it to the policy generating the credit, the remaining credit will be applied to other amounts currently owed for another policy(ies) on the Billing Account or applied at a future date. A premium credit that is not used to pay amounts owed will be refunded to the named payor if held on the Billing Account for longer than 90 days, unless otherwise required by law.

Any premium amount paid that is considered unearned by State Farm as a result of you cancelling your policy is not treated as premium credit. Any such paid amount of unearned premium for a cancelled policy will be refunded pursuant to the policy terms.

10. State Farm has the right, upon sending notification, to change the terms and conditions of this Agreement including your frequency and method of payment.

11. Any fee and earned premium paid are not refundable.

12. This Agreement does not in any way affect the terms and conditions of the Automated Payments Authorization form or policy provisions unless otherwise noted.

[1]State Farm refers to the listed entities but could include future entities that may offer this Agreement. Please also note that a currently listed entity may also stop offering this Agreement.

State Farm Mutual Automobile Insurance Company
State Farm Indemnity Company
State Farm Fire and Casualty Company
State Farm General Insurance Company
State Farm Life Insurance Company (Not licensed in MA, NY or WI)
State Farm Life and Accident Assurance Company (Licensed in NY and WI)
State Farm Guaranty Insurance Company
State Farm Florida Insurance Company
State Farm Lloyds
State Farm County Mutual Insurance Company of Texas
State Farm Classic Insurance Company

StateFarm

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

Po Box 2915
Bloomington IL 61702-2915

RENEWAL DECLARATIONS

Policy Number 96-14-7644-1

Policy Period	Effective Date	Expiration Date
12 Months	FEB 26 2024	FEB 26 2025

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

Named Insured

AT2 M-20-2881-FC06 F V
001638 3125
POWDERVIEW DUPLEX ASSOCIATION
C/O P R PROPERTY MANAGEMENT
350 COUNTRY CLUB DR UNIT 110A
CRESTED BUTTE CO 81224-9500

Agent and Mailing Address
CHRIS CROWN
722 N MAIN ST
GUNNISON CO 81230-2412

PHONE: (970) 641-1407

0107-ST--0001

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	$ 9,368.00
Disaster Mitigation	$ 2.00
Total Amount	$ 9,370.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
DEC 29 2023
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

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

SECTION I - PROPERTY BLANKET

	Limit of Insurance*
Coverage A - Buildings	**$ 2,921,000**
Coverage B - Business Personal Property	**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: 253.8

SECTION I - DEDUCTIBLES

Basic Deductible $5,000

Special Deductibles:

Money and Securities	$250	Employee Dishonesty	$250

Prepared
DEC 29 2023
CMP-4000

Continued on Next Page

Equipment Breakdown $2,500

Other deductibles may apply - refer to policy.

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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

Continued on Next Page

RENEWAL DECLARATIONS (CONTINUED)

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

0307-ST--0001

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.

Lynne M. Yowell
Secretary

Michael J. Tipsord
President

Continued on Next Page

RENEWAL DECLARATIONS (CONTINUED)

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

0407-ST-0001

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.

Prepared
DEC 29 2023
CMP-4000

StateFarm

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

0507-ST--0001

INLAND MARINE ATTACHING DECLARATIONS

Policy Number	96-14-7644-1	
Policy Period	**Effective Date**	**Expiration Date**
12 Months	FEB 26 2024	FEB 26 2025

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 29 2023
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

Prepared
DEC 29 2023
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.

StateFarm 96-14-7644-1 010798

553-4442

One login, access to all your accounts

0707-ST--0001

Follow these easy steps:

- Log in to statefarm.com/onelogin using your personal ID and password
- To find your business or organizational account, select "Switch account" under your name

Don't see "Switch account"? Contact your agent.

Take care of business

- Pay a bill
- Access accounts through the State Farm® mobile app
- Get policy documents or a Certificate of Insurance (COI)
- Contact your agent

Need help?

Use your smartphone to scan this QR code for detailed instructions.

553-4442

StateFarm®

State Farm

STATE FARM FIRE AND CASUALTY COMPANY

Po Box 2915
Bloomington IL 61702-2915

M-20- 2881-FC06 V F

001638 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 2025

PREMIUM	$	9,368.00
DISASTER MITIGATION	$	2.00

Location:

Important Message(s)

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

17 2371 2008

See reverse for important information.
Please keep this part for your record.
Prepared DEC 29 2023

Agent CHRIS CROWN
Telephone (970) 641-1407

↓ Please fold and tear here ↓

State Farm

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

2009403273

538-181 b.8 10-04-2010 (o1f3092a) (o1f3091j)

For office use only 1079 M 10792

Prepared: DEC 29 2023
94 I

FIRE BAL DUE		0327

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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