



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

Po Box 2915  
Bloomington IL 61702-2915

**Named Insured**

002027 3123 M-20-3D5B-FC06 F V  
TRAILSIDE EAST TOWNHOMES OF  
RIFLE INC  
ATTN INTEGRATED MOUNTAIN  
ATTN GROUP  
PO BOX 908  
GLENWOOD SPGS CO 81602-0908



**DECLARATIONS** AMENDED JUN 9 2025

|   |                       |                        |
|---|-----------------------|------------------------|
| <b>Policy Number</b>  | <b>96-EJ-M334-8</b>   |                        |
| <b>Policy Period</b>  | <b>Effective Date</b> | <b>Expiration Date</b> |
| 12 Months   | JUL 19 2025           | JUL 19 2026            |
| The policy period begins and ends at 12:01 am standard time at the premises location. |                       |                        |

**Agent and Mailing Address**

JESSE DALTON  
436 EAST AVE  
RIFLE CO 81650-2336

PHONE: (970) 665-9770

ST-0104-0000

**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 JUN 9 2025  
ADDITIONAL INSURED DELETED  
PREMIUM ADJUSTMENT  
FORM CMP-4543 DELETED

Other items shown are effective with the policy's 2025 renewal

Endorsement Premium None

Discounts Applied:  
Renewal Year  
Claim Record

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JUL 01 2025  
CMP-4000

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for TRAILSIDE EAST TOWNHOMES OF  
Policy Number 96-EJ-M334-8

**SECTION I - PROPERTY BLANKET**

Coverage A - Buildings  
Coverage B - Business Personal Property

Limit of Insurance\*  
\$ 40,500  
No Coverage

| Location Number | Location of Described Premises          |
|-----------------|---|
| 001             | 351-381 W 5TH ST<br>RIFLE CO 81650-2343 |

**AUXILIARY STRUCTURES**

| Location Number | Description                    |
|-----------------|--------------------------------|
| 001A            | SIDEWALKS                      |
| 001B            | Storage, Equipment, or Laundry |
| 001C            | Storage, Equipment, or Laundry |
| 001D            | Storage, Equipment, or Laundry |
| 001E            | DRIVEWAY                       |

\* 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: 279.1

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## DECLARATIONS (CONTINUED)

Residential Community Association Policy for TRAILSIDE EAST TOWNHOMES OF  
 Policy Number 96-EJ-M334-8


**SECTION I - DEDUCTIBLES**


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|                             |         |                      |         |
|-----------------------------|---------|----------------------|---------|
| Basic Deductible            | \$1,000 |                      |         |
| <b>Special Deductibles:</b> |         |                      |         |
| Wind/Hail                   | 1%      | Money and Securities | \$250   |
| Employee Dishonesty         | \$250   | Equipment Breakdown  | \$1,000 |

Other deductibles may apply - refer to policy.

**SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES**


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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           |

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**DECLARATIONS (CONTINUED)**

**Residential Community Association Policy for TRAILSIDE EAST TOWNHOMES OF**  
**Policy Number 96-EJ-M334-8**

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

**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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## DECLARATIONS (CONTINUED)

Residential Community Association Policy for TRAILSIDE EAST TOWNHOMES OF  
 Policy Number 96-EJ-M334-8

**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              | \$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) | \$10,000                  |
| Damage To Premises Rented To You               | \$300,000                 |
| Directors And Officers Liability               | \$1,000,000               |
| <b>AGGREGATE LIMITS</b>                        | <b>LIMIT OF INSURANCE</b> |
| 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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DECLARATIONS (CONTINUED)

Residential Community Association Policy for TRAILSIDE EAST TOWNHOMES OF  
Policy Number 96-EJ-M334-8

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**

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|            |                                |
|------------|--------------------------------|
| CMP-4100   | Businessowners Coverage Form   |
| CMP-4550   | Residential Community Assoc    |
| FE-6999.3  | Terrorism Insurance Cov Notice |
| CMP-4746.1 | Hired Auto Liability           |
| CMP-4206.2 | Amendatory Endorsement         |
| FE-3650    | Actual Cash Value Endorsement  |
| CMP-4561.5 | Policy Endorsement             |
| CMP-4705.2 | Loss of Income & Extra Expnse  |
| CMP-4508   | Money and Securities           |
| CMP-4815   | Directors/Officers Endorsement |
| CMP-4710   | Employee Dishonesty            |
| CMP-4532   | Exclusion Cyber Incident       |
| FE-1401    | Exclusion Cyber Incident       |
| CMP-4849   | Windstorm or Hail Deductible   |
| FD-6007    | Inland Marine Attach Dec       |

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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

*John H. ...*  
President

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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-20-3D5B-FC06 F V

TRAILSIDE EAST TOWNHOMES OF  
RIFLE INC  
ATTN INTEGRATED MOUNTAIN  
ATTN GROUP  
PO BOX 908  
GLENWOOD SPGS CO 81602-0908



**INLAND MARINE ATTACHING DECLARATIONS**

|   |                       |                        |
|---|-----------------------|------------------------|
| <b>Policy Number</b>  | <b>96-EJ-M334-8</b>   |                        |
| <b>Policy Period</b>  | <b>Effective Date</b> | <b>Expiration Date</b> |
| 12 Months   | JUL 19 2025           | JUL 19 2026            |
| The policy period begins and ends at 12:01 am standard time at the premises location. |                       |                        |

ST-0404-0000

**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

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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<br>Loss of Income and Extra Expense | \$ 10,000          | \$ 500            | Included       |
|                    |   | \$ 10,000          |                   | Included       |

OTHER LIMITS AND EXCLUSIONS MAY APPLY - REFER TO YOUR POLICY

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