

Po Box 2915
Bloomington IL 61702-2915

Named Insured

M-20-2663-FAC8 F V

CHERRY CREEK SPRINGS
HOMEOWNERS ASSOCIATION, INC
7365 PALEO WAY
COLORADO SPGS CO 80908-1260

DECLARATIONS

Policy Number	96-KQ-8850-9	
Policy Period	Effective Date	Expiration Date
12 Months	MAR 1 2025	MAR 1 2026
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address

MATT INAMA
11590 BLACK FOREST RD STE 30
COLORADO SPGS CO 80908-6000

PHONE: (719) 495-6400

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

POLICY PREMIUM	\$ 2,085.00
Disaster Mitigation	\$ 2.00
Total Amount	\$ 2,087.00

Discounts Applied:
Claim Record

Prepared
APR 04 2025
CMP-4000

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHERRY CREEK SPRINGS
Policy Number 96-KQ-8850-9

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	7365 PALEO WAY COLORADO SPGS CO 80908-1260

SECTION II - LIABILITY

COVERAGE	LIMIT OF INSURANCE
Coverage L - Business Liability	\$2,000,000
Coverage M - Medical Expenses (Any One Person)	\$5,000
Damage To Premises Rented To You	\$300,000
Directors And Officers Liability	\$2,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
Products/Completed Operations Aggregate	\$4,000,000
General Aggregate	\$4,000,000
Directors and Officers 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.

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DECLARATIONS (CONTINUED)

Residential Community Association Policy for CHERRY CREEK SPRINGS
Policy Number 96-KQ-8850-9

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-4550	Residential Community Assoc
CMP-4815	Directors/Officers Endorsement
CMP-4206.2	Amendatory Endorsement
CMP-4746.1	Hired Auto Liability
CMP-4532	Exclusion Cyber Incident
FE-6999.3	Terrorism Insurance Cov Notice

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 Farney
President

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APR 04 2025
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