

3 Ravinia Drive
Atlanta GA 30346-2117

Named Insured

AT1 M-20-1659-FAB0 F V

00166Z 3125

HOLIDAY ACRES PROPERTY OWNERS
ASSOCIATION
PO BOX 2705
PAGOSA SPRINGS CO 81147-2705



Policy Number	96-EF-5335-3	
Policy Period	Effective Date	Expiration Date
12 Months	AUG 21 2017	AUG 21 2018
The policy period begins and ends at 12:01 am standard time at the premises location.		

Agent and Mailing Address
TRUETT FORREST
PO BOX 1778
PAGOSA SPGS CO 81147-1778
PHONE: (970) 264-2297

0704-SI-1-T001

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 ASSN

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

POLICY PREMIUM \$ 801.00

Discounts Applied:
Renewal Year
Claim Record

Prepared
JUN 23 2017
CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Continued on Reverse Side of Page

010595 294
E D2

Page 1 of 4

RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HOLIDAY ACRES PROPERTY OWNERS
 Policy Number 96-EF-5335-3

This Policy does not provide any SECTION I - PROPERTY coverage

SECTION II - LOCATION SCHEDULE

Location Number	Location of Described Premises
001	2.85 MILES S HWY 84 PAGOSA SPRINGS CO 81147

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.

Prepared
 JUN 23 2017
 CMP-4000

© Copyright, State Farm Mutual Automobile Insurance Company, 2008
 Includes copyrighted material of Insurance Services Office, Inc., with its permission.