

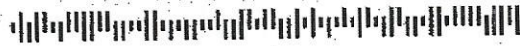


3 Ravinia Drive  
Atlanta GA 30346-2117

**Named Insured**

AT1 001773 3125 M-20-1659-FAB0 F V

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



**RENEWAL DECLARATIONS**

**Policy Number** 96-CW-U710-6

Policy Period	Effective Date	Expiration Date
12 Months	MAY 15 2020	MAY 15 2021

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

0104-ST-1-1001

**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 \$ 1,088.00

Discounts Applied:  
Renewal Year  
Claim Record

Prepared  
MAR 17 2020  
CMP-4000

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RENEWAL DECLARATIONS (CONTINUED)

Residential Community Association Policy for HOLIDAY ACRES PROPERTY OWNERS  
Policy Number 96-CW-U710-6

This Policy does not provide any SECTION I - PROPERTY coverage

**SECTION II - LOCATION SCHEDULE**

Location Number	Location of Described Premises
001	1275 SHENANDOAH DR PAGOSA SPGS CO 81147-8711

**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
Directors And Officers Liability	\$1,000,000
AGGREGATE LIMITS	LIMIT OF INSURANCE
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.

Prepared  
MAR 17 2020  
CMP-4000

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